

## **And-Tro Water Authority**

## **Direct Debit Agreement Form**

## **Authorization Agreement**

I hereby authorize **And-Tro Water Authority** to initiate automatic debits from my account at the financial institution named below. I also authorize **And-Tro Water Authority** to make deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold **And-Tro Water Authority** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in debiting funds from my account.

This agreement will remain in effect until **And-Tro Water Authority** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct debit form to company.

Payment will be deducted on the **14**<sup>th</sup> of each month (or the first business day after the **14**<sup>th</sup>, if it falls on a holiday or weekend). I understand that And-Tro Water Authority reserves the right to limit participation in automatic payment deduction to customers whose accounts are in good standing. A \$25 fee for all returned payments will be assessed.

Bank Account Information															
Name of Financial Institution:										Checking			Savings		
Routing Number:	ting Number:										,	_		_	_
Account Number:															
Name on Bank Account (Printed):									Da	_ Date:					
Authorized Signature:								Dat	Date:						
Please attach a voided check or deposit slip															
Customer Information															
Name on And-Tro Account (Printed):															
Customer Service Addre	ess:														
For Office Use Only															
Billing Account(s):										Date U	Jpdate	ed:			