

Automatic Debit Authorization for Water Billing

Authorization must be received 30 days prior to the next scheduled payment.

Authorization Agreement

I hereby authorize Beulah Water Works District to initiate automatic debit entries from the financial institution named below. I also authorize Beulah Water Works District to make credit entries to this account in the event that a debit entry is made in error. Authorization is granted for payment of the monthly Beulah Water Works District water bill. Further, I agree not to hold Beulah Water Works District responsible for any delay or lack of payment 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.

This agreement will remain in effect until Beulah Water Works District receives a written notice of cancellation from me or my financial institution, or until I submit a new automatic debit form to Beulah Water Works District. Cancellation notice must be received 30 days prior to the next scheduled payment. I understand that I am still responsible for payment of my bill after termination of this authorization. Beulah Water Works District reserves the right to cancel this agreement due to insufficient funds.

Bank Account Information				
Name of Financial Ir	nstitution		☐ Checking	☐ Savings
Routing Number		Account Number		
Please attach a cano	celled check or de	posit slip.		
	Resi	ident Information & Signature)	
Name on Account				
Service Address				
Account Number	Phone #	Email		
I would like to receiv	ve a bill by email in	nstead of a paper bill	□ No	
Signature			Date	