Payment will be drafted on the 20th day of each month

Bill will be mailed as usual to notify you of payment amount

Agreement for Preauthorized Payments

I hereby authorize Wattsville Water Authority to initiate debit entries to my checking account indicated below and the depository (bank) named below to debit the same to my account. I authorize my bank to make a payment to the Wattsville Water Authority according to the following method:

☐ Checking ☐ Savings

Customer Name: _____

Customer #: _____ Route/Account #: _____

Phone: _____

Bank Name: _____

Routing #: _____

Account #: _____

I understand that I may cancel this preauthorized payment by written notification to the Wattsville Water Authority. Until such notification is received and acted upon, this preauthorized payment will remain in effect. I further understand that preauthorized payments rejected by my depository (bank) will be treated as a return check subject to the policies of the Wattsville Water Authority.

Signature: _____ Date: _____