

**AND-TRO WATER AUTHORITY**

**Customer Authorization**

I authorize And-Tro Water Authority and the financial institution listed below to initiate electronic debit entries. 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. This authority will remain in effect until I cancel it in writing with And-Tro Water Authority.

\_\_\_\_\_ Checking Account (27)

\_\_\_\_\_ Savings Account (37)

Financial Institution \_\_\_\_\_ City, State \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer Name (please print) \_\_\_\_\_

Transit/Routing (ABA) Number

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Account Number at Financial Institution

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**\*\*\*Please attach a voided check\*\*\***

<b>FOR OFFICE USE ONLY</b> ACCOUNT#(S) _____ _____
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