



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 **14th** of each month (or the first business day after the **14th**, 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.

Bank Account Information

Name of Financial Institution: _____ Checking Savings

Routing Number:

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Account Number:

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Name on Bank Account (Printed): _____ Date: _____

Authorized Signature: _____ Date: _____

Please attach a voided check or deposit slip

Customer Information

Name on And-Tro Account (Printed): _____

Customer Service Address: _____

For Office Use Only

Billing Account(s): _____ Initials: _____ Date Updated: _____