

**AUTOMATED BANK DRAFT - ACH**

**DEBIT AUTHORIZATION**

I hereby authorize White County Water Authority to initiate debit entries to the account indicated below. I also authorize the financial institution listed to debit the same amount to such account for application. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Financial Institution/Branch \_\_\_\_\_ Phone Number \_\_\_\_\_

WCWA Account Number or Service Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

**EMAIL ADDRESS:** \_\_\_\_\_

**PLEASE ATTACH A COPY OF A VOIDED CHECK FROM THE ACCOUNT YOU WISH TO SET UP YOUR BANK DRAFT.**

By signing this form, I understand the balance due will be debited on the 15<sup>th</sup> day of each month from this account. **In the event that the 15<sup>th</sup> falls on a holiday or a weekend, the payment will draft from the account the Friday before the due date.**

I also understand that I may stop my automated bank draft at any time by submitting an email request or a STOP ACH Authorization form. **Any request to stop automated bank draft must be received by the 10<sup>th</sup> day of the month that the amount is due to be drafted.**

Print or Type Individual Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

_____	_____
Customer Service Representative	Date Entered