

VILLAGE OF CRESTLINE

WATER DEPARTMENT

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize Village of Crestline Water Department to initiate debit entries to my (our) checking/savings account indicated below and the depository to debit the same to such account.

BANK NAME _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT/ROUTING NUMBER _____

ACCOUNT NUMBER _____

PLEASE ATTACH VOIDED CHECK

I understand that the amount of my water/sewer bill will be withdrawn from this account on the 5th of every month, unless the 5th falls on a Saturday, Sunday, or a holiday, the water/sewer bill will be withdrawn the following business day. This authority is to remain in full force and effect until written notification from me (or either of us) of its termination is received by the Village of Crestline Water Department in such time and in such manner as to afford reasonable opportunity to act upon it.

PRINT NAME _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

ADDRESS OF WATER ACCOUNT _____

WATER ACCOUNT NUMBER _____