

WEST WILSON UTILITY DISTRICT
BANK DRAFT AUTHORIZATION AGREEMENT

NAME: _____ DATE: _____

ADDRESS: _____

ACCOUNT #: _____

DAY TIME PHONE #: _____

I hereby authorize West Wilson Utility District, hereinafter called DISTRICT, to initiate debit entries to my checking account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account for payment of my monthly bill.

FOR OFFICE USE ONLY	DATE ACTIVATED: _____
Depository Name: _____	
Address: _____	
Bank Account #: _____	
Bank Routing #: _____	

This authority is to remain in full force and effect until DISTRICT and DEPOSITORY have each received written notification from me of its termination in such time and in such manner as to afford DISTRICT and DEPOSITORY a reasonable opportunity to act on it. I understand that I will receive the bill at the normal billing time advising me of the amount to be debited from my account. If there is a problem with the bill, I will notify the DISTRICT immediately.

I further understand that in the event my account has insufficient funds to cover the monthly payment amount drafted, a \$25.00 fee will be charged and Bank Draft privileges will be denied in the future. I agree that I will be subject to the rules and regulations of the DISTRICT as they now exist or may be amended in the future.

It is my duty to notify the DISTRICT and DEPOSITORY 15 days prior to a scheduled debit of any changes made to my designated account, including but not limited to a closed status, bank ownership changes and account changes. I understand that if the debit is not honored by DEPOSITORY for any reason or in error, I may incur additional charges or have my water services terminated.

I have attached a **voided check**, the DISTRICT cannot accept a blank deposit slip.

SIGNATURE: _____ DATE: _____