Automatic Bank Withdraw Form

PUBLIC WATER SUPPLY DISTRICT NO. 1 OF DEKALB COUNTY

Drafted on the 10th of the Month

Customer Information:

Full Name: _____

Water Bill Address: _____

City, State, Zip _____

Phone Number: _____ Email Address: _____

Bank Information:

Bank Name: _____

Account Type: (Check one)

- ☐ Checking
- ☐ Savings

Routing Number: _____

Account Number: _____

Name(s) on Account: _____

Authorization:

I hereby authorize PWSD No 1 of DeKalb County, herinafter called Company, to initiate debit entries to my account indicated below and the financial institution named below, herinafter called Finanacial Institution, to debit the same to such account for monthly water payments. I oacknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Customer Signature: _____ Date: _____

Attach a Voided Check To This Form