

Chilton Water Authority
P.O. Box 1029
Thorsby, AL 35171
205-646-3300 Fax # :205-646-4121

ACH DEBIT AUTHORIZATION

I (we) hereby authorize Chilton Water Authority to initiate debit entries to my (our) account indicated below and the financial institution named below, to debit the same to such account for water services/fees. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Financial Institution:

Branch:

Routing Number:

Account Number:

CWA Account Number: _____

Rt-Meter: _____

Name CWA Account is in: _____

CWA Service Address: _____

Customer Phone Number: _____

Date of Debit (s): 1st or 15th of each month, if the debit date is recurring and the date of debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

This authority is to remain in full force and effect until CWA has received written notification from me of its termination. Termination of authorization must be in writing and signed by the account holder. This termination of authorization must be received by one business day before the scheduled entry date.

Chilton Water Authority will terminate the authorization when an account has hit its third strike as relating to its Three Strike Return Policy on bad checks/debits.

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I have received a copy of this signed authorization.

Print Name:

Signature:

Authorization Date: