

# EFT - Debit Authorization

I (we) hereby authorize Arapahoe County Water and Wastewater Authority (ACWWA), hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for the monthly payment of water usage. I (we) acknowledge that the origination of EFT transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name \_\_\_\_\_

ABA (Routing) No. \_\_\_\_\_

Account No. \_\_\_\_\_

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

This authority is to remain in full force and effect until Arapahoe County Water and Wastewater has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Service Address \_\_\_\_\_

ACWWA Account # \_\_\_\_\_ Location # \_\_\_\_\_

**Note: ACWWA requires a VOIDED check with the above banking information to be attached. This form must be received by ACWWA 10 business days prior to the 20<sup>th</sup> of the current month to start Auto Pay the following month. ACWWA will withdraw the funds on the 20<sup>th</sup> of every month or the next business day following.**