

**CALLWAY 2 WATER DISTRICT
AUTOMATIC PAYMENT – WITHDRAWAL AUTHORIZATION**

See page 2 for DEFINITIONS

Completion of this form indicates the CLIENT hereby authorizes the COMPANY to initiate debit entries to CLIENT's account and FINANCIAL INSTITUTION indicated below to debit the same entry to the listed account for the purpose of paying the CLIENT's monthly water bill. It is acknowledged that the origination of ACH transactions and subsequent actions must comply with the provisions of U.S. Law.

The CLIENT understands that by implementing this authorization the amount withdrawn on the 8th of each month will equal the amount of the billed amount previously mailed. If the 8th of the month falls on a weekend or holiday, the payment will be withdrawn from the CLIENT's account on the next business day.

The CLIENT further understands that if the automatic payment withdrawal is initiated by the COMPANY and sufficient funds are not available, the following will occur:

1. The CLIENT will be sent notification documenting the failed transaction and will then be required to make other arrangements to satisfy that month's payment by the COMPANY's existing policy schedule. Existing payment penalty requirements may apply.
2. Upon two occurrences of failed transactions, the CLIENT may lose the privilege of making payments via automatic ACH and payment will then revert to other acceptable methods of payment established by the COMPANY policy.

(Financial Institution)

(Address)

(City/State)

(Zip Code)

(Routing Number)

(Account Number)

**This authorization is to remain in full force and effect until written termination has been forwarded. ACH initiation, termination, or changes to information listed on this form must be made in writing and submitted to the COMPANY by the 20th of the month in order to go into effect for the next month's billing cycle.

I understand the I am giving the COMPANY a voided check for the purpose of securing my routing and account number information in order to successfully set up a recurring ACH payment.

(Client Name)

(Signature)

(Service Address)

(Service Account Number)

(Service Address)

(Bank Account Owner, if not the CLIENT)

(Signature)

(Email Address)

By checking this box, the CLIENT agrees to receive statements and notifications electronically.

**** ATTACH VOIDED CHECK TO PAGE 2 OF THIS FORM OR INCLUDE ACCOUNT VERIFICATION LETTER FROM YOUR FINANCIAL INSTITUTION ****

***** ATTACH VOIDED CHECK HERE *****

DEFINITIONS

COMPANY: Callaway 2 Water District

CLIENT: Water Service Customer

POLICY: Signifies Written and Oral Company Guidelines

ACH: Automatic Clearing House

FINANCIAL INSTITUTION/FI: CLIENT's bank, credit union, or other money service business where CLIENT's checking account is maintained