

**CALLAWAY 2 WATER DISTRICT  
AUTOMATIC PAYMENT WITHDRAWAL AUTHORIZATION**

**DEFINITIONS:**

**COMPANY:** Callaway 2 Water District

**CLIENT:** Water User Listed Below

**FINANCIAL INSTITUTION:** Listed Below

**POLICY:** Signifies Written & Oral Company Guidelines

**ACH:** Automatic Clearing House

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

**CLIENT understands that by implementing this authorization the amount withdrawn on the 8<sup>th</sup> of each month will equal the amount of the previously mailed billing. If the 8th of the month falls on a weekend or holiday, then the payment will be withdrawn from CLIENT'S account on the next business day.**

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

- 1) CLIENT will be sent a letter documenting the lack of funds and will then be required to make that month's payment via cash, check, or money order by the existing COMPANY policy schedule. Existing payment penalty requirements apply.**
- 2) Upon two occurrences of insufficient fund balances, CLIENT may lose the privilege of making payments by the ACH withdrawal method and payment will then revert to other methods of payment established by COMPANY policy.**

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**(Financial Institution Name)**

**(Branch)**

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**(Address)**

**(City/State)**

**(Zip)**

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**(Routing Number)**

**(Account Number)**

**This authority is to remain in full force and effect until official written termination has been forwarded. ACH initiation, termination, or changes to existing information contained in this form must be in writing and submitted to COMPANY between the 1<sup>st</sup> and 20<sup>th</sup> of a calendar month to take affect in the following month.**

**I understand that I will be giving COMPANY a voided check for the purpose of securing routing and account numbers.**

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**(Printed Client Name)**

**(Signature)**

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**(Printed Client Name)**

**(Signature)**

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**(Address)**

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**(Phone Number)**

**(Home)**

**(Cell)**

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**(COMPANY'S Service ID number)**

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**(Bank Account Owner – if different from client)**

**(Name Printed)**

**(Signature)**

**ATTACH ORIGINAL VOIDED CHECK TO THIS FORM!**