Northwest Allen Parish Waterworks District P. O. Box 363 Grant, LA 70644 (318)634-5256

Email Address: nwallenwater@camtel.net

Authorization Agreement for Preauthorized Payments (ACH Debits)

I (we) hereby authorize: Northwest Allen Parish Waterworks District, hereinafter call COMPANY, to initiate debit entries to my (our) Checking or Savings account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit/credit the same to such account:

Note: The dollar amount <u>showing due</u> on the current Waterworks District bill will be drawn from the account indicated below on the <u>week of the 10th</u> of each month according to terms of said bill.	
YOUR INFORMATION:	
NW ALLEN WATER ACCOUNT #:	·
YOUR ADDRESS:	
YOUR PHONE #:	
YOUR BANK/SAVINGS ACCOUNT INFORMATION:	
DEPOSITORY (BANK/SAVINGS) NAME	
CITY	STATEZIP
NAME ON ACCOUNT:	
FINANCIAL INSTITUTION ROUTING NUMBER:	
FINANCIAL INSTITUTION ACCOUNT NUMBER:	
This authorization is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after positing, whichever occurs first. I (we) understand that I (we) will be charged an additional fee in the event funds are not available at the time of collection.	
PRINTED	PRINTED
NAME:	NAME:
SIGNATURE	SIGNATURE
(Mandatory) DATE:	

ATTACH VOIDED CHECK HERE