

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED ACH
DEBITS/CREDITS**

CUSTOMER NAME: _____
MAILING ADDRESS: _____
SERVICE ACCOUNT #: _____
SERVICE ADDRESS: _____

I (we) hereby authorize CRESTVIEW WATER AND SANITATION DISTRICT hereafter called COMPANY, to initiate debit entries to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME: INDEPENDENT BANK

This authority is to remain in full force and effect until COMPANY AND DEPOSITORY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY AND DEPOSITORY a reasonable opportunity to act on it.

E-mail Address: _____
Email Only Billing YES NO

SIGNED _____

SIGNED _____
(MUST BE SIGNED BY AN AUTHORIZED SIGNER)

DATE: _____

COMPLETED FORM WITH AN ATTACHED VOIDED CHECK MUST BE RETURNED TO
CRESTVIEW WATER & SANITATION DISTRICT
BEFORE THE AUTOMATIC WITHDRAWAL PROGRAM CAN BEGIN.

***** One time \$5.00 credit offered to customers electing to enroll in both the
Automatic Withdraw Program and Email only billing*****