



CENTRAL WATER WORKS, INC.
1101 Byrneville Road
Century, FL 32535
Phone (850) 256-3849 ~ Fax (850) 256-3802

DIRECT DEBIT AUTHORIZATION

I (we) hereby authorize CENTRAL WATER WORKS, INC., 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 (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution

Branch

Address

City/State/Zip

Routing Number

Account Number

Type of Account: _____ Checking

_____ Savings

Amount (or how amount is determined): As billed by Company and provided to customer by email at least 7 (seven) days prior to debit.

Frequency (Weekly, Monthly etc.): MONTHLY

Start Date (if recurring): _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name

Email Address

Signature

Phone Number

Date

Central Water Works Account #

Please Attach Copy of Voided Check to This Form