

ROUTE # \_\_\_\_\_

# AUTHORIZATION FOR DIRECT PAYMENT

I hereby authorize Moapa Valley Water District to initiate debits from my checking or savings account named below. Such debits will occur monthly on the bill due date, and will continue until the Moapa Valley Water District has received written notification from me to terminate this agreement. Moapa Valley Water District and my bank will have a reasonable opportunity to act on the request to terminate.

I understand that I am responsible for notifying Moapa Valley Water District of any changes to my checking or savings account.

TODAY'S DATE \_\_\_\_\_

MY NAME \_\_\_\_\_ MVWD ACCOUNT # \_\_\_\_\_

SPECIFY AMOUNT  ACTUAL BILL AMOUNT

SET DOLLAR AMOUNT \_\_\_\_\_

*(Set amount must exceed 12 month average bill, and may be adjusted to actual account balance during any billing when it is insufficient to pay the balance due on the account.*

BANK NAME			
BRANCH			
ADDRESS			
CITY		STATE	ZIP
ROUTING #		ACCOUNT #	
ACCOUNT TYPE	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	
ESTIMATED DATE OF FIRST ACTIVE DEBIT			

*A \$25 RETURNED PAYMENT CHARGE WILL BE ASSESSED IF THERE ARE INSUFFICIENT FUNDS IN YOUR ACCOUNT TO COVER THE DEBIT. TWO RETURNED PAYMENTS IN ANY TWELVE MONTH PERIOD WILL RESULT IN MVWD TERMINATING THIS AGREEMENT.*

ACCOUNT HOLDER SIGNATURE \_\_\_\_\_

**\*\*\*\*PLEASE PROVIDE A VOIDED CHECK TO ENSURE PROPER ROUTING\*\*\*\***

Route \_\_\_\_\_

Attribute Set \_\_\_\_\_

L/C Disabled \_\_\_\_\_

Pre-note \_\_\_\_\_

Ach Batch \_\_\_\_\_