

**Consolidated Waterworks District No. 1
Authorization for Direct Payment**

I hereby authorize Consolidated Waterworks District No. 1 and the financial institute named below to initiate debit entries to my checking/savings account. This authority shall remain in full force and effect until cancelled by written notification in such a manner as to afford a reasonable opportunity to act accordingly.

In addition, and most importantly, please include a "**VOIDED CHECK**" for your bank identification / account number when returning this form.

CUSTOMER NAME (as it appears on check)

DATE

CUSTOMER NAME (as it appears on water bill)

WATERWORKS ACCT #

Checking

BANK ROUTING #

Savings

CUSTOMER BANK ACCOUNT #

BANK NAME

CITY & STATE

CUSTOMER SIGNATURE & DATE