

Automatic Payment Authorization Form



All payments are posted on the 25th of each month

Customer Information

CUSTOMER NAME: _____

WATER ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

Financial Institution

BANK NAME: _____

BANK ROUTING/TRANSIT NUMBER: _____

NAME ON ACCOUNT: _____

ACCOUNT NUMBER: _____

CHECKING

SAVINGS

CREDIT CARD AUTHORIZATION

CREDIT CARD NUMBER: _____

CARD EXPIRATION DATE: _____

NAME AS IT APPEARS ON THE ACCOUNT: _____

BILLING ADDRESS: _____

VISA

MASTERCARD

DISCOVER

DEBIT

I CONFIRM THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AN AUTHORIZED SIGNER OR DESIGNATE OF THE ACCOUNT PROVIDED FOR ACH TRANSACTIONS OR CREDIT CARD TRANSACTIONS AND THAT I AM AUTHORIZED TO PROVIDE THIS INFORMATION. I AUTHORIZE DONA ANA MUTUAL DOMESTIC WATER CONSUMERS ASSOCIATION TO DEDUCT MY UTILITY PAYMENTS FROM THIS BANK ACCOUNT OR CREDIT CARD VIA ELECTRONIC FUND TRANSFER. I FURTHER UNDERSTAND THAT THIS AUTHORIZATION WILL STAY IN EFFECT UNTIL DONA ANA MUTUAL DOMESTIC WATER RECEIVES WRITTEN AUTHORIZATION FROM ME TO REVOKE THIS AUTHORIZATION. BY PROVIDING MY FINANCIAL INSTITUTION AND CREDIT CARD INFORMATION (BANK NAME, ROUTING NUMBER, CREDIT CARD NUMBER AND REQUIRED INFORMATION), I THE CUSTOMER RELEASE DONA ANA MDWCA FROM ANY LIABILITY AND UNDERSTAND THAT ANY FEES RELATED TO NON-PAYMENT ARE THE CUSTOMER'S RESPONSIBILITY. **DONA ANA MUTUAL DOMESTIC WATER RESERVES THE RIGHT TO CANCEL ELECTRONIC FUND TRANSFERS DUE TO INSUFFICIENT FUNDS WITHOUT NOTICE.**

PRINT AUTHORIZED NAME

AUTHORIZED SIGNATURE

DATE