**Calcasieu Parish WaterWorks District #8**

**6407 Hwy 3059 Lake Charles, La 70615**

**Phone: 337-582-3064**

**Fax: 337-582-1264**

* **Your water bill amount will draft out of your checking/savings account on the 10th of every month unless it falls on the weekend or a holiday then it will draft out the next business day!**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**PLEASE HAVE A VOIDED CHECK or VALID BANK ACCOUNT INFORMATION and A COPY OF VALID DRIVERS LICENSE/ID**

\_\_\_\_ NEW BANK \_\_\_\_\_ CHANGE EXISTING DRAFT \_\_\_\_\_ STOP BANK DRAFT

I (WE) HEREBY AUTHORIZE CALCASIEU PARISH WATERWORKS DISTRICT # 8, HEREINAFTER CALLED COMPANY, TO INITIATE DEBIT ENTRIES TO MY (OUR)

\_\_\_ **CHECKING** or \_\_\_\_ **SAVINGS ACCOUNT** (SELECT ONE)

INDICATED BELOW AT THE DEPOSITORY FINANCIAL NAMED BELOW, HEREINAFTER CALLED DEPOSITORY, AND DEBIT THE CAME TO SUCH ACCOUNT.

BANK NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY of BANK USED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE of BANK USED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROUTING # of CHECKING/SAVINGS ACCOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNT # of CHECKING/SAVINGS ACCOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME (EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD COMPANY AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT. ANY NECESSARY CHANGES MUST BE RECEIVED BY THE 1ST OF THE MONTH TO GO INTO EFFECT THAT MONTH’S BILLING.

NAME on WATERBILL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CUSTOMER WATER ACCOUNT #: \_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_