



**HOWELL ENVIRONMENTAL COMPANIES**

**WATER & WASTEWATER UTILITIES AUTODRAFT FORM**

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

Please fill out, sign and mail or fax back to the addresses at the bottom of page)

CONSUMER NAME (S) \_\_\_\_\_

I (we) hereby authorize **WATER & WASTEWATER UTILITIES, INC**, hereinafter called **COMPANY**, to initiate debit entries to my (our) Checking Account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit the same to such account.

DEPOSITORY NAME: \_\_\_\_\_  
(BANK NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

TRANSIT/ABA NO.: \_\_\_\_\_  
(ROUTING NUMBER)

ACCOUNT NO. : \_\_\_\_\_

This authority is to remain in full force and effect until **COMPANY** and **DEPOSITORY** 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.

CUSTOMER NAME (S): \_\_\_\_\_  
(PLEASE PRINT)

DATE: \_\_\_\_\_ WATER & WASTEWATER ACCOUNT # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Revised 9/2016