



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