



## City of Evant Water Department

### ACH Authorization Form/Credit Card

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#### Authorization Form

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I hereby authorize Evant Water Department to initiate debit entries for payment of water bills owed by me from the bank account listed below. I understand that the payment will be taken out of my bank account on or around the 15<sup>th</sup> of each month.

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#### Account Information/Card Information

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Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Checking: \_\_\_ Savings: \_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ **Fee Applied**

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#### Signature

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Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EWD Account #: \_\_\_\_\_