



AUTOMATIC BILL PAYMENT AUTHORIZATION FORM

I hereby authorize Amador Water Agency ("AWA") to automatically deduct funds for the payment of my monthly/bi-monthly water and/or wastewater bill from the bank account identified below.

CUSTOMER INFORMATION	* AWA Account #			
	Name:			
	Service Address:			
	City, State, Zip:			
	E-mail Address:			
	Daytime Phone:		Other Phone:	
	<i>* Note: A separate authorization form is required for each account</i>			

A VOIDED CHECK MUST BE ENCLOSED TO PROCESS YOUR APPLICATION				
BANK ACCOUNT INFORMATION	Type of Account: (please check one)		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
	Name of Bank:			
	Branch Location:			
	Account Number:		Routing Number:	

TERMS AND CONDITIONS
<p>This authorization will remain in effect until canceled by either party.</p> <p>I agree to notify AWA as soon as possible if my bank account information changes.</p> <p>I agree that, unless I contest the charges appearing on my bill within 10 calendar days from the bill date, funds for the bill will automatically be deducted from the above bank account.</p> <p>I agree that if sufficient funds are not available in the above bank account to allow the bank to automatically process payment of the outstanding balance on my bill, I will pay AWA, by cash or money order, the outstanding balance plus a returned check fee.</p>

Above terms and conditions accepted by:

Signature: _____

Date: _____