



## **Bank Draft Authorization Agreement**

## **Authorization Agreement**

I hereby authorize **Brown County Water Utility, Inc.** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for debit entries in error to my (our) **Check only one**: \_\_\_\_ **Checking** or \_\_\_\_ **Savings** account indicated below and the financial institution named below, hereinafter called "Depository", to debit and/or credit the same to such account.

\*\*Expect a (1) billing cycle delay to set up your bank draft payment processing.

\*\*Once initiated, you will receive a bill with the notation "Bank Draft – Do Not Pay" with the amount to be deducted for your total bill and date to be drafted.

\*\*Your account will be drafted no earlier than the 15th day of each month.

This agreement will remain in effect until **Brown County Water Utility, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a New Bank Draft Authorization Agreement form to the Utility.

\*\*\*Please note that we cannot process international bank accounts through our bank drafting\*\*\*

## PLEASE ATTACH A VOIDED CHECK

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	Bank Account Information		
Name of Financial Institution:			
Routing Number:			
Account Number:		Checking	Savings
Bank Address:			
	Utility Account Information		
Customer Utility Account Name:			
Utility Account Number:			
Utility Service Address:			
	remain in full force and effect until one of the following		
	Inc receives written notification from me (or either of us) of		
	and in such manner to afford Brown County Water Utility Ir	nc and the Fi	nancial
Institution named above a reas			
	Inc receives two (2) non-sufficient fund notices from the ba		
	stomer will be notified by Brown County Water Utility Inc of		
	Return Check fee and be placed on a cash, money order,		k or
approved credit/debit card trans	saction for paying Brown County Water Utility Inc utility bills		
Two s	signatures are needed for bank accounts in a joint name.		
	Authorized Signature		
	•		
Authorized Signature :		Date:	
Authorized Signature:		Date:	
Printed Customer Name(s):			

Please attach a voided check and return this form signed & dated to our office Brown County Water Utility Inc ~ 5130 N State Road 135 ~ Morgantown ~ IN ~ 46160-8898