



EFT Debit Authorization

Setup

New Auto Pay

Change Auto Pay

Cancel Auto Pay

Choose New or Change to setup an Auto Pay option, choose Cancel to remove an Auto Pay

First Name

Last Name

Business Name

(if applicable)

Phone

Email

ACWWA Account No

Date

Service Address

Mailing Address

(if different from above)

City

State

Zip

Financial Information

The EFT Debit Authorization is to remain in full force until ACWWA has received a cancelation notification of its termination. All fields are required to insure the accuracy of the financial information.

Financial Institution Name

Account Type

Checking

Savings

Account Classification

Personal

Business

Routing Number

Validate Routing Number

Checking Account Number

Validate Checking Account Number

Authorization

This form must be received by the 15th of the current month to start or cancel an Auto Pay. ACWWA will withdraw the funds on the 20th of every month or the closest business day after. A letter of confirmation verifying the EFT will be sent to your address or email provided. By signing below, you acknowledge and authorize ACWWA to make the above changes to your account.

Signature _____