



## 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**

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**Last Name**

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**Business Name**

(if applicable)

**Phone**

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**Email**

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**ACWWA Account No**

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**Date**

---

**Service Address**

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**Mailing Address**

(if different from above)

**City**

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**State**

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**Zip**

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**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**

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**Account Type**

Checking

Savings

**Account Classification**

Personal

Business

**Routing Number**

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**Account Number**

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**Date**

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**Signature**

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**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, you acknowledge and authorize ACWWA to make the above changes to your account.