



**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
COMPANY: DU QUOIN WATER / SEWER DEPARTMENT**

I (we) hereby authorize the Du Quoin Water / Sewer Department hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter call DEPOSITORY, to debit the same such account.

BANK NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

BANK ROUTING # _____

BANK ACCOUNT # _____

This authority is to remain in full force and effect until the Company has received written notification from account holder(s) of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it, at least three business days. Requests received less than 3 businesses days of bill due date may not be processed until after billing has occurred.

(Please Print)

(DEPOSIT ACCOUNT OWNER)

WATER ACCOUNT # _____

Name: _____

Phone: _____

Signature: _____ Date: _____

**Please attach a voided check with signed agreement to complete authorization,
Thank you!**

Amount of water bill will be drafted from checking account approximately 2 days before the bill due date.