

**AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT**

I (we) hereby authorize Nob Hill Water Association to automatically withdraw from my (our) bank account identified below the amount due on my (our) bi-monthly billing statement for the water account listed below. I (we) authorize the Financial Institution listed below to accept such withdrawals initiated by Nob Hill Water Association. The withdrawals shall be made from my (our) bank account on the date specified. **If you have multiple accounts, you will need one form for each account.**

NOB HILL WATER ACCT. # \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PAYMENT DATE: (**CHOOSE ONE**) \_\_\_\_\_ 5<sup>TH</sup> OF MONTH \_\_\_\_\_ 20<sup>TH</sup> OF MONTH

CUSTOMER NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

FINANCIAL INSTITUTION: \_\_\_\_\_

BRANCH: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA#: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

**CHOOSE ONE:** \_\_\_\_\_ SAVINGS \_\_\_\_\_ CHECKING

This authority is to remain in full force and effect until Nob Hill Water has received written notification from me (or either of us) of its termination in such time and in such manner as to afford them and the named financial institution a reasonable opportunity to act on it.

PRINT NAMES: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE(S): \_\_\_\_\_

**Return this form with a voided check or savings deposit slip to Nob Hill Water.**