

**DON'T WORRY ABOUT YOUR PAYMENT ARRIVING ON TIME, SIGN UP FOR ACH PAYMENTS TODAY BY EMAILING THIS FORM TO WENDY at [WChameroy@wpwsd.com](mailto:WChameroy@wpwsd.com)**

Customer Name: \_\_\_\_\_ Property Address: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

### Automatic Payment Agreement Form

#### \_\_\_\_\_ Authorization Agreement \_\_\_\_\_

I hereby authorize Winter Park Water & Sanitation District to initiate automatic payments to my account at the financial institution named below. I also authorize Winter Park Water & Sanitation District to make deposits/withdrawals from this account in the event that an entry is made in error.

Further, I agree not to hold Winter Park Water & Sanitation District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Winter Park Water & Sanitation District receives a written notice of cancellation from me or my financial institution, or until I submit a new authorization form to Winter Park Water & Sanitation District.

#### \_\_\_\_\_ Account Information \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking  Savings

#### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check and return this form by email only to:

[wchameroy@wpwsd.com](mailto:wchameroy@wpwsd.com)

Questions call Wendy at 970-887-2970

*Attach Voided Check Here*

Received By: \_\_\_\_\_ For Office Use Only \_\_\_\_\_ Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Notes: