

MANCHESTER WATER DISTRICT

AUTO-PAY ENROLLMENT FORM

AUTOMATIC CLEARING HOUSE (ACH) DEBITS

I (we) hereby authorize Manchester Water District to initiate and complete debit entries to the checking account indicated below at the depository financial institution name below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

CUSTOMER INFORMATION

MANCHESTER WATER DISTRICT ACCOUNT # _____

NAME _____ PHONE NUMBER _____

MAILING ADDRESS _____

SERVICE ADDRESS _____

FINANCIAL INSTITUTION INFORMATION

BANK/FINANCIAL INSTITUTION NAME _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

*** Please attach a voided check, if possible.**

This authorization is to remain in full force and effect until Manchester Water District has received written notification from the account holder of its termination in such time and in such matter as to afford Manchester Water District a reasonable opportunity to act on it.

SIGNATURE _____

DATE _____

Manchester Water District recommends that you retain a copy of completed enrollment form for your personal records.

RETURN COMPLETED ENROLLMENT FORM TO
MANCHESTER WATER DISTRICT
PO BOX 98
MANCHESTER, WA 98353
CUSTOMERSERVICE@MANCHESTERWATER.ORG