



(360) 747-7869
CarrollsWaterPhone@gmail.com
P.O. Box 78, Carrolls, WA 98609
www.CarrollsWater.org

ELECTRONIC BANK DRAFT AUTHORIZATION



We require a voided check to process your authorization, and you must confirm with your bank the correct routing number for automatic drafts, as some banks use a different routing number for drafts than the one printed on your checks.

CUSTOMER INFORMATION		
NAME: _____	PHONE: _____	CWA ACCT #: _____
MAILING ADDRESS: _____		
CITY/STATE: _____	ZIP: _____	
SERVICE ADDRESS: _____		

BANK INFORMATION	
BANK NAME: _____	
ADDRESS: _____	
CITY/STATE: _____	ZIP: _____
ROUTING NUMBER: _____	
CHECKING ACCT #: _____	(OR) SAVINGS ACCT #: _____

I hereby authorize Carrolls Water Association to initiate drafts from my (check one):

Checking _____ or Savings _____ account for payment of my monthly water bills.

I agree to provide Carrolls Water Association with at least fifteen (15) days' written notice if I wish to terminate this authorization.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

PLEASE RETURN COMPLETED **FORM** AND **VOIDED CHECK** BY MAIL TO:

CARROLLS WATER ASSOCIATION

P.O. BOX 78

CARROLLS, WA 98609