## PINE CLIFF PARK WATER AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

I hereby authorize the Pine Cliff Park Water & Maintenance to initiate debit and, if necessary, credit entries to my account indicated below for my Pine Cliff Park water bill. I understand that the amount deducted will be my balance due indicated on the current bill. The withdrawal will take place on the 1st of each month or the next business day if the 1st falls on a holiday or weekend. I acknowledge that this authorization is to remain in effect until the Pine Cliff Park Water & Maintenance company has received written or verbal notification of its termination.

**THERE WILL BE A SERVICE CHARGE IF FUNDS ARE NOT AVAILABLE**

**PLEASE PRINT CLEARLY**

Name: _____

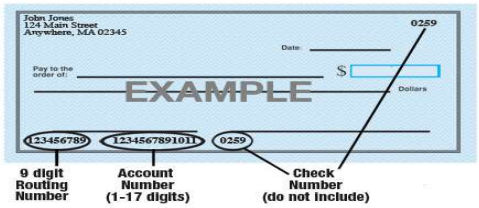
PCP Acct #: _____

Mailing Address: _____

Phone Number: _____

Email: _____

***Attach a voided check to form***




Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Type of Account: ☐ Checking ☐ Savings (check one)

Type of Account: ☐ Personal ☐ Commercial (check one)

Date _____

Signature _____

**Please mail/email completed form to:**

consultclearwater@gmail.com

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