Edward Farrar Utility District Water Department Direct Debit Form for Water/Sewer

YES! I would like to enjoy the safety and convenience of enrolling in a free Automatic Water/Sewer Payment Program. Payments will be automatically withdrawn from my U.S. bank account on the quarterly payment due date, or on the following business day for due dates which fall on a weekend or holiday.

(The regular due dates are March 20, June 20, September 20, and December 20) FORM MUST BE RECEIVED IN OUR OFFICE 10 DAYS BEFORE THE WITHDRAWAL DATE

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MUST check one: PPD Personal CC Contact your banking institution to verify with	±
() Checking Account ~ Complete the account infor	mation below.
() Savings Account ~ Complete the account inform	ation below.
By signing below, I authorize the Edward F financial institution to deduct utility payment time I wish to discontinue the service, I will Utility District in writing not less than 10 days	s directly from my account. If at any ill simply notify the Edward Farrar
Signature (must be signed by bank account holder)	/
Eigilated C (mass se signed by same account notaer)	
Print your name	Daytime Phone
Address, City, State, Zip	Account Number
Your Bank Name	Last name (as printed on tax bill)
Bank ABA (Routing) Number	Your Bank Account#
Email Address	Alternative Email Address
**VERIFY YOUR BANK ACCOUNT NUMBE	R AND ROUTING NUMBER WITH

YOUR BANK

RETURN TO:

Mail to: EFUD 28 North Main Street Suite #1 Waterbury VT 05676 Fax to: (802) 244-1014

Email to: dcalle@waterburyvt.com