

**AUTHORIZATION & ENROLLMENT REQUEST
AUTOMATIC FUNDS TRANSFER (AFT)**

CUSTOMER U/B ACCT. NUMBER

CUSTOMER BILLING CYCLE

OFFICE USE ONLY

Customer Name _____

Street Address _____ City _____ Zip _____

Home Phone # _____ Business Phone # _____

Cell Phone # _____

Please establish an AFT plan for my Water Account

I (we) hereby authorize *Firgrove Mutual Water Company* to automatically withdraw from my checking or savings account identified below the total amount due on my billing statement and to make deposits if necessary for error correction. I authorize the Financial Institution named below to accept such transactions initiated by *Firgrove Mutual Water Company*. The withdrawal shall be made from my account on the 25th day of the month due. Effective Date _____
If the 25th falls on a weekend, the withdrawal will be made on the following business day.

Financial Institution Name _____

ABA/Transit # _____

Checking Account Number _____

Savings Account Number _____

Print Name _____ Date _____

Signature _____

PLEASE ENCLOSE A VOIDED CHECK

I am aware of my right to stop a withdrawal by notifying *Firgrove Mutual Water Company*, in writing at least ten (10) business days before the withdrawal date. Additionally, I understand it is my responsibility to give at least ten (10) business days of notice when making any changes, including new autopay setup, changing bank account or routing number, and/or cancellation of autopay.

You will continue to receive a billing statement so you know the amount that will be deducted from your account.