

COVINGTON COUNTY WATER AUTHORITY
AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENT PLAN
(DEBITS)

Name Phone

Street Address City, State Zip Code

Covington County Water Authority Account Number

Name of Financial Institution

City State Zip Code

Type of Account (circle one) Checking Savings

Bank Transit #

Account #

NOTE: BE SURE TO ATTACH A BLANK VOIDED CHECK.

PLEASE SIGN AND DATE THE AUTHORIZATION AGREEMENT.

I hereby authorize The Covington County Water Authority (the "Company") as my agent, to automatically debit my bank account for payment of all bills issued by the Company. If for some reason the Company cannot automatically debit my bank account, I authorize the Company to issue, sign, and present a paper-draft on my bank account for payment of bills rendered by the Company. I understand I must notify the Company promptly upon receipt of my bill of any dispute regarding the amount of the bill. I understand my bank account will be debited fourteen days after the billing date printed on the bill.

I understand the Company may impose a processing fee if the draft is not paid by my bank due to insufficient funds or my account being closed. This authorization will be in effect until either party gives notice to the other of termination. I understand my notice must be received by the Company in time for it to have a reasonable opportunity to act.

IN CONSIDERATION OF THIS SERVICE, TO THE EXTENT PERMITTED BY APPLICABLE LAW, I AGREE THAT THE COMPANY WILL NOT BE RESPONSIBLE FOR CLAIMS RELATING TO THE DEBIT OF MY ACCOUNT. UNDER NO CIRCUMSTANCES WILL THE COMPANY BE LIABLE FOR CONSEQUENTIAL OR SPECIAL DAMAGES. THE COMPANY WILL NOT BE LIABLE FOR THE ACTS OR OMISSIONS OF OTHERS, INCLUDING THE BANK AND CLEARING HOUSES WHICH RECEIVE AND TRANSMIT THE DEBIT INSTRUCTIONS.

Signature

Date
