



City of Evant Water Department

ACH Authorization Form/Credit Card

Authorization Form

I hereby authorize Evant Water Department to initiate debit entries for payment of water bills owed by me from the bank account listed below. I understand that the payment will be taken out of my bank account on or around the 15th of each month.

Account Information/Card Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking: ____ Savings: ____

Credit Card #: _____ Expiration Date: _____ **Fee Applied**

Signature

Authorized Signature: _____ Date: _____

EWD Account #: _____