

CONSUMER DEBIT AUTHORIZATION

Direct Payment Enrollment for Recurring Bill Payment

Little Hocking Water Account Number(s): _____

Name: _____

Billing Address: _____

City/ State/ Zip: _____

Daytime Phone #: _____

Please deduct my Direct Payment from my account:

Name of Bank/Savings & Loan/ Credit Union:

Account Type:

Checking

Routing Number: _____

Savings

Account Number: _____

I authorize Little Hocking Water Assoc, Inc to deduct my utility payment from the account listed above. I understand that if I decide to discontinue this payment plan I will notify Little Hocking Water Assoc, Inc in writing at the following address:

LITTLE HOCKING WATER ASSOC, INC
P.O. Box 188
Little Hocking, OH 45742

SIGNATURE: _____

DATE: _____

NOTE: Enclose a voided check with this form.