

**BANKDRAFT FORM  
MONROE COUNTY WATER DISTRICT  
CREDIT/DEBIT AUTHORIZATION FORM**

I (WE) HEREBY AUTHORIZE MONROE COUNTY WATER DISTRICT (THE COMPANY) TO INITIATE ENTRIES TO MY CHECKING/SAVINGS ACCOUNT AT THE FINANCIAL INSTITUTION LISTED BELOW (THE FINANCIAL INSTITUTION) AND, IF NECESSARY, INITIATE ADJUSTMENTS FOR ANY TRANSACTIONS CREDITED/DEBITED IN ERROR. THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL THE COMPANY IS NOTIFIED BY ME (US) IN WRITING TO CANCEL BANKDRAFT. NOTICE OF AT LEAST 20 DAYS BEFORE DUE DATE FOR CURRENT BANKDRAFT FILE MUST BE GIVEN TO AFFORD THE COMPANY AND THE FINANCIAL INSTITUTION TIME FOR CANCELLATION OF BANKDRAFT.

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
MAILING ADDRESS (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_  
ADDRESS OF FINANCIAL INSTITUTION – BRANCH, CITY, STATE & ZIP

\_\_\_\_\_  
BANK ROUTING NUMBER

\_\_\_\_\_  
CHECKING/SAVINGS ACCT#

***MONROE COUNTY WATER DISTRICT USE ONLY***

\_\_\_\_\_ ADD    \_\_\_\_\_ CHANGE    \_\_\_\_\_ CANCEL    BANK CODE \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ BILLING CYCLE \_\_\_\_\_

CUSTOMER'S NAME ON THE BILL \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

ENTERED/CANCELED BY \_\_\_\_\_ DATE \_\_\_\_\_