

Holley Navarre Water System, Inc
P.O.Box 6539
Navarre, Fl 32566-2239

AUTHORIZATION AGREEMENT FOR ACH DEBIT

Holley Navarre Water System Account Number: _____ - _____

Customer's Name the above account is in (print) _____
(First name) (Last name)

Today's Date: ____/____/____

I hereby authorize Holley Navarre Water System, Inc hereinafter called COMPANY, to Initiate debit entries to my account indicated below and the depository named below hereinafter called DEPOSITORY to debit the same such account. Dishonored payments can be represented electronically for the check amount and service charges as permitted by state laws.

DEPOSITORY INSTITUTION: _____

CITY: _____ STATE _____ ZIPCODE _____

TRANSIT/ROUTING NUMBER _____

ACCOUNT NUMBER _____

Account will be debited on the business date preceding the due date specified on each HNWS bill.

This agreement is to remain in effect until COMPANY and DEPOSITORY have received written notification of termination 30 days prior in advance.

Name: _____

Signature: _____ Date: _____

ATTACH VOIDED CHECK HERE

By signing, I also certify that the above banking information is correct and I take responsibility for any returned transactions and fees due to invalid transit / routing an /or account numbers