

P.O. Box 6539
Navarre, FL 32566-2239
Fax 850-939-9541
E-MAIL - CUSTOMERSERVICE4@HNWS-FL.COM

AUTHORIZATION AGREEMENT FOR ACH DEBIT

Holley-Navarre Water System, Inc. 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 (up to 2 times) for the check amount and service charges as permitted by state laws. **Initials:** _____

→ DEPOSITORY INSTITUTION/ BANK: _____

→ TRANSIT/ROUTING NUMBER: _____

→ ACCOUNT NUMBER: _____

Account will be debited on the business date after 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 OR PRINT OUT FROM BANK 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 or account numbers and agree to PAY DEPOSITS if ACH is not sustainable.
→ Initial: _____

