



Hilmar County Water District

8319 Lander Avenue
P.O. Box 1060
Hilmar, CA 95324
(209) 632-3522

**AUTOMATIC WITHDRAWAL
AUTHORIZATION FORM**

I hereby authorize Hilmar County Water District to automatically withdraw my monthly service charges for account number _____ held in my name, at the referenced financial institution. I understand that any authorized transfer will be processed through the Automated Clearing House System. These transfers are to be made on the specified dates. If that date is on a day on which the Bank and the Automated Clearing House are not open for processing such transfers, transfers will be processed on the following business day on which both are open for such transfers.

Bank Account Name _____
Bank Account Number _____
Bank Routing Number _____

This authorization will remain effective until I give 30 days written notice to the contrary and there has been a reasonable amount of time to act on such notice.

Date _____

Effective Payment Date _____

Customer Signature _____

ATTACH CANCELLED CHECK OR BANK SPECIFICATION SHEET