

*Please Complete and Return*

**Indian Wells Valley Water District  
Authorization Agreement For  
AUTOMATIC PAYMENT SERVICE**

Indian Wells Valley Water District Account Number: \_\_\_\_\_

I/we authorize the Indian Wells Valley Water District (IWVWD) to deduct payments from my/our account at the financial institution names below:

Financial Institution: \_\_\_\_\_

**Select one:**

- Checking Account** – Please submit a voided or photocopied check with authorization.
- Credit Union Share Draft Account** – Please submit a voided or photocopied check with authorization.
- Savings Account** – Please submit a voided or photocopied deposit slip with authorization.

**If the voided check or deposit slip does not include a 9-digit transit number and an account number on the bottom of the check/deposit slip, please obtain this information from your financial institution and submit with authorization.**

This authority is to remain in effect until IWVWD has received written notification from me/us of its termination at such time and in such manner as to afford IWVWD and the depository institution a reasonable opportunity to act on the request.

IWVWD has the right to discontinue the Automatic Payment Service if any two or deductions are not honored. **Statute prohibits removal of funds from an account for any reason not approved by account owner.**

\_\_\_\_\_  
Print Name of Customer

\_\_\_\_\_  
Signature