



**EAST ALABAMA WATER, SEWER AND FIRE PROTECTION DISTRICT**

POST OFFICE BOX 37

150 FOB JAMES DRIVE

VALLEY, ALABAMA 36854

TONY SEGREST, Manager

**AUTHORIZATION FOR BANKDRAFT**

PHONE (334) 756-7150

FAX (334) 756-7163

I authorize East Alabama Water, Sewer & Fire Protection District to automatically debit my checking account monthly on the 6th day of each month . The authorization will remain in effect until I notify East Alabama Water, Sewer & Fire Protection District in writing that I seek to cancel said authorization. I understand and agree that East Alabama Water, Sewer & Fire Protection District shall have ten (10) days from its receipt of my written cancellation notification in order to remove this automatic debit from my account/accounts. I understand and agree that this payment method is being offered by East Alabama Water, Sewer & Fire Protection District as a service and convenience to me. I agree to indemnify and hold harmless East Alabama Water, Sewer & Fire Protection District from any and all liabilities, losses, expenses or attorney fees incurred as a result of this draft authorization. I agree that, if at any time my account/accounts are returned to the District for insufficient funds East Alabama Water, Sewer & Fire Protection District has the right to cancel future drafts without any notice to me at such time I will be responsible for any future payments. I have attached a voided check to this agreement and have provided the required information as defined below.

Bank Name \_\_\_\_\_

Bank address \_\_\_\_\_

Routing # \_\_\_\_\_

Bank account # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Utility account # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

ATTACH VOIDED CHECK HERE