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PRE-AUTHORIZED DEBIT AUTHORIZATION

Please complete this form and return it with a voided check from your checking account.

YES

I authorize Smiths Water and Sewer Authority to enroll me in ACH (bank draft plan) and instruct my bank to electronically initiate my SWSA bill payment from the account listed below. I understand and agree that if my draft is dishonored for any reason, my water account will be charged a \$30.00 returned item fee. I further understand that upon closing my account at SWSA, the **FINAL BILL WILL NOT BE DRAFTED** from my bank account.

YES

I authorize Smiths Water and Sewer Authority to e-mail my water bill to the e-mail address provided below, I understand by choosing this option I will not receive a paper bill.

PLEASE DEDUCT MY PAYMENT FROM THE FOLLOWING BANK ACCOUNT:

NAME OF FINANCIAL INSTITUTION: _____

CHECKING ACCOUNT NO.: _____

ROUTING NO.: _____

PRINTED NAME (AS SHOWN ON BANK ACCOUNT): _____

AUTHORIZED SIGNATURE (AS SHOWN ABOVE): _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

SERVICE ADDRESS: _____

SMITHS WATER & SEWER ACCOUNT NUMBER: _____

***YOUR ACCOUNT WILL DEBITED BASED ON THE DUE DATE INDICATED ON YOUR BILL CARD OR E-BILL.
ACCOUNTS ARE DEBITED ON THE DUE DATE, OR THE FIRST BUSINESS DAY THEREAFTER.***

OFFICE USE ONLY:

EMPLOYEE INITIALS: _____

DATE: _____