

Automatic Bill Payment Authorization Form

I authorize the Kauai Department of Water to establish an Automatic Bill Payment (ABP) to pay my water bill for the water service indicated. I also authorize the financial institution named below to charge my checking or savings account to pay the water bill. Please credit the following DOW service with payments. This information is confidential and will be used for Department of Water Automatic Bill Payment purposes only.

DOW Account Number: _____

DOW Service Holder (Please Print): _____

Service Address: _____

Business Phone: _____

Residence Phone: _____

Account Type (check one):

- Checking or Share Draft
 Savings (no passbook savings)

Financial Institution: _____

Financial Account Number: _____

Financial Account
Holder Name (PLEASE PRINT): _____

IMPORTANT NOTE: To ensure proper account information,
Please attach a check marked **VOID**.

Authorization AGREEMENT

Effective: _____
(please fill in today's date)

I authorize the Kauai Department of Water to initiate entries to my account at the financial institution named on the ABP Authorization Form. I further authorize that financial institution to charge my account for those entries.

I understand that this authorization will remain in effect until terminated either by myself in writing to the Kauai Department of Water at least ten (10) working days before the bill is mailed, or by the Kauai Department of Water should two (2) payments be returned due to insufficient funds within a 12 month period.

Signature

Date