## **Tangipahoa Water District**

## **ACH PAYMENT AUTHORIZATION**

I give authority to Tangipahoa Water District to draw drafts against my bank account in payment of my water bills. Until this authorization is revoked in writing and received by the bank at least 10 working days prior to presentation of a draft, the bank is authorized to pay these drafts when so drawn and presented for payment and to charge the same to my account. I further agree to also notify Tangipahoa Water District in writing if I withdraw this authority.

From Your Wa	ater Bill:		From Your Check:	
Acct Number	Acct Number Service Location		Name of Bank	
Name on Account			Routing Number	Bank Acct Number
Mailing Address			Your Name as Shown on Bank Account	
City	State	Zip Code	Please attach a voided check or letter from bank to assure accuracy in processing.	
Primary Phone Number: Home/Office			Secondary Phone Number: Cell my monthly bill emailed to me free of charge.	
	ase send me a paper	_		ed to me free of charge.
Email Address: _				
The utility paym	ent will be posted on o	or within 3 days	of after the due date of t	the bill.
Authorized Sig	nature:		Da	ate: