



Pre-Authorized Payment (ACH) Service Authorization Agreement

I _____ authorize Zellwood Water Users, Inc. and the financial institution listed below to electronically direct debit my account specified below for my utility payment. **You must attach a voided check in order to process your request.** All direct debit payments will be due and processed by the due date stated on your water bill.

Bank Name

Branch Location

City

State Zip

Bank Transit/ABA Number

Name on Utility Account

Bank Account Number

Utility Account Number

Home Phone Number

Service Address

Email Address

This authorization will remain in full force and effect until Zellwood Water Users, Inc. has received written notification of its termination in such time and in such manner as to afford Zellwood Water Users, Inc. reasonable opportunity to act on it. A copy of this authorization will be provided, upon request. If a direct debit is returned for any reason, Zellwood Water Users, Inc. will access a \$25.00 returned item fee. Please continue to pay your utility bill until your bill indicates the direct debit program has been established.

Signature

Date

Printed Name

Please return this completed form to Zellwood Water Users, Inc. office or mail to:
Zellwood Water Users, Inc
P.O. Box 865
Zellwood, FL 32798-0865