

AUTHORIZATION FORM

I, _____, account #, _____, authorize
(VVWD Account #)

Virgin Valley Water District to debit my checking account or my savings account for my monthly water billing beginning:

Month: _____

Year: _____

This authorization form must reach our office by the 5th of the month to ensure debits begin on the month selected. Past due fees cannot be debited.

Select the account from which your payment will be debited:

Checking _____ Savings _____. Please enclosed blank check or savings with-drawl slip (**NO DEPOSIT SLIPS**).

Bank Name

Signature of property owner-account holder

Date: _____ Daytime Phone: _____

Signature of Co-owner – co-account holder

Date: _____ Daytime Phone: _____

I understand that this authorization and the services undertaken by the Virgin Valley Water District in no way alters or lessens my obligations under my existing contract including those provisions regarding the amount of the monthly payment, when payments are due, the applications of payments, the assessment of late charges or the determination of delinquencies.

This authorization may be canceled by sending written notification to the Virgin Valley Water District. Cancellation requests must be received at least 10 days prior to your next debit date.