



Englewood Water District
AUTOMATIC FUNDS TRANSFER PAYMENT (AFT)
AUTHORIZATION FORM

I do hereby authorize the Englewood Water District to withdraw funds monthly from the bank account shown below. The withdrawal will be on the due date as shown on the bill. This authorization is to remain in effect until Englewood Water District receives written notice (via mail or fax) from me terminating the authorization for Automatic Funds Transfer. In addition, I have the right to discontinue participation in the AFT program by notification to the EWD Customer Service Office at least 7 business days prior to the due date of the payment. I will still be responsible for payment of my bill by the due date. I understand, however, that both the Financial Institution and the Englewood Water District reserve the right to terminate this payment plan or my participation.

A fee will be charged by the Englewood Water District for all transactions resulting in insufficient/unavailable funds depending on the amount of the check. Note: The Financial Institution may also charge for payments returned from the bank for insufficient/unavailable funds.

New Account Stop Account Change Account **Auto Pay Current Balance Due**
Personal Business

Utility Account Number : _____ CYCLE# _____ ROUTE# _____

Utility Account Name: _____

Service Address: _____

Contact Phone Number: _____

E-mail address: _____

Bank Route – Transit Number: _____

Bank Account Number: _____

Financial Institution Name & Address: (required) _____

Checking Account (Attach Voided Check)

Savings Account (Contact Bank for Account & Routing Number)



Route-Transit
Number

Account
Number

Signature: _____ Date: _____