



**COMMISSIONERS:**

G. Brian Egan  
Terry Barnes  
Nick Warner

Vince Johnston, Manager

# **East Wenatchee Water District**

(509) 884-3569 • Fax (509) 886-0550 • 692 Eastmont Avenue • East Wenatchee, WA 98802

## **AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

I (we) hereby authorize East Wenatchee Water District to initiate entries to my account at the financial institution listed below. If necessary, initiate adjustments for any transactions made in error. This authority will remain in effect until the East Wenatchee Water District is notified by me (us) in writing to cancel it in such time as to afford The East Wenatchee Water District and The Financial Institution a reasonable opportunity to act on it. Amount may vary, depending on usage.

\_\_\_\_\_  
(Name –**PLEASE PRINT**)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Service address)

\_\_\_\_\_  
(phone number)

Routing Number

Checking Account Number

Attach voided check

Credit Card #

Exp Date

Amount

monthly

bi-monthly

Start Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Office Use:

Date

Cust#