AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

NAME(S) OF ACCOUNT HOLDER

CCWD CUSTOMER ACCOUNT NUMBER

	DATE	
I /we hereby authorize the Cumberland County Water Distri account indicated below and the depository named below, he	ct, hereinafter called CCWD, to ini reinafter called DEPOSITORY, to d	tiate debit entries to my/our Checking lebit the same to such account.
DEPOSITORY	,	
NAME	PHONE	
City	STATE	ZIP
TRANSIT / ABA NO	ACCOUNT NO	
This authority is to remain in full force and effect until CCW either of us) of its termination in such time and in such man act on it. I/we will receive prior written notice of the amount stop payment of the debit entry by notifying the DEPOSIT (typically on or after the 5 th of the month). I/we will send within 15 days of the issuance of the account statement or 45 cm.	ner as to afford CCWD and DEPO to be debited to my Jour account with ORY at least three days prior to the written notice of erroneous charge to	SITORY a reasonable opportunity to hich will allow me (or either of us) to be date the account is to be charged to the account to the DEPOSITORY
SIGNATURE	SIGNATURE	
(As it appears on your check) (As it appears on your check)		(As it appears on your check) ur check)

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_tiling_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.