# Authorization Agreement for Pre-Arranged Payments

**Name(s) of Account Holder** _____

_____

**CCWD Customer Account Number** _____

**Date:** _____

I/we hereby authorize the Cumberland County Water District, hereinafter called CCWD, to initiate debit entries to my/our checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same account.

**Depository Name:** _____ **Phone:** _____

**City:** _____ **State:** _____ **Zip:** _____

**Routing Number:** _____ **Account Number:** _____

This authority is to remain in full force and effect until CCWD or DEPOSITORY have each received written notification from me (or either of us) of its termination in such time and in such manner as to afford CCWD and DEPOSITORY a reasonable opportunity to act on it. I/we will receive prior written notice of the amount to be debited to my/our account which will allow me (or either of us) to stop payment of the debit entry by notifying the DEPOSITORY at least 3 days prior to the date the account is to be charged (typically on or after the 5th of the month). I/we will send written notice of erroneous charge to the account to the DEPOSITORY within 15 days of the issuance of the account statement or 45 days after the account was charged, which occurs first.

**Signature:** _____ **Signature:** _____

"This institution is an equal opportunity provider and employer"

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