

# GRAHAM HILL MUTUAL WATER COMPANY, INC.

## ACH Electronic Funds Transfer Authorization Form

### Member Information

Name (as it appears on your bill): \_\_\_\_\_  
Water Account # \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ \* There is a nominal charge of 50¢ a month for this service.

### Authorization Agreement

I hereby authorize GRAHAM HILL MUTUAL WATER COMPANY, INC. to initiate electronic debit entries on the 5<sup>th</sup> of the month or next business day to my: \_\_\_\_\_ Checking Account (or) \_\_\_\_\_ Savings Account for payment of my monthly GRAHAM HILL MUTUAL WATER COMPANY, INC. water bill including fees.

I authorize the Financial Institution named below to accept such transactions initiated by GRAHAM HILL MUTUAL WATER COMPANY, INC. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing. I realize this information will be used solely for the purpose of GRAHAM HILL MUTUAL WATER COMPANY, INC. water bill and error correction billing.

### Account Information

Name of Financial Institution: \_\_\_\_\_  
City/State of Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  Checking |  Savings

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check or deposit slip and return this form by mail or in person to:**

Graham Hill Mutual Water Company, Inc.  
9922 249<sup>th</sup> Street East  
Graham, WA 98338