

ST. MARTIN PARISHWATERWORKS DISTRICT #3 P.O. BOX 206, CADE, LA. 70519 337-367-1567

EMAIL ADDRESS: info@cadewater.com

AUTHORIZATION AGREEMENT FOR ACH DRAFT PAYMENT

<u>cus</u>	TOMER INFORMATION		
	NAME:		
	ACCOUNT NUMBER:		
	E-MAIL ADDRESS:		
	PHONE NUMBER:		
FΙΝΔ	NCIAL INSTITUTION INFORMATION		
IIIVA	BANK NAME:		
	BANK ROUTING/ TRANSIT NUMBER:		
	NAME ON ACCOUNT:		
	ACCOUNT TYPE (Circle One): CHECKING	/ SAVINGS	
	ACCOUNT NUMBER:		
I certify that the information above is correct, that I am an authorized Signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information. I authorize St. Martin Parish Waterworks District #3 to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to St. Martin Parish Water Works District #3 will revoke this authorization. St. Martin Parish Waterworks District #3 reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.			
	PRINT AUTHORIZED NAME	PRINT EMPLOYEE NAME	
	AUTHORIZED SIGNATURE DATE	EMPLOYEE SIGNATURE	DATE

PLEASE ATTACH VOIDED CHECK