



FAX (907) 562-0702
ANCHORAGE WATER & WASTEWATER UTILITY



BANK DRAFT AUTHORIZATION

Your signature below indicates you understand and accept the terms of this Automated Bank Draft contract.
 Please check with your bank for their procedures if you wish to use a savings account.

- ◆ AWWU will continue to send me a statement each month, even though I am participating in automatic Bank Draft. It will show the **amount due** that will be deducted from my account for water/sewer bill(s) and be marked "**DO NOT PAY - BILL WILL BE PAID BY BANK DRAFT.**" Please continue to pay your monthly bill until your statement reflects this change.
- ◆ AWWU will deduct this payment from my account within ten (10) days of the due date on my monthly bill. If AWWU fails to do this, any late fee generated will be removed.
- ◆ AWWU will not deduct the funds from more than one checking account.
- ◆ I agree to have funds available in the specified bank account within ten (10) business days of the due date.
- ◆ Should my automatic deduction be **declined for any reason**, my account will be subject to normal credit procedures and non-sufficient fund (NSF) charges. If my payment is declined twice within a 12-month period, AWWU may cancel my participation in the program.
- ◆ If my banking information changes, I **will notify** AWWU of the new information. If I fail to provide this information prior to the due date and AWWU is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fees that result.
- ◆ I will notify AWWU at (907) **564-2700** if I wish to cancel this service.
- ◆ AWWU may cancel this agreement at any time with 30 days written notice.

**WHEN COMPLETE, PLEASE MAIL OR FAX THE BOTTOM PORTION OF THIS FORM
 AND A VOIDED CHECK**

TO:

**AWWU Customer Service (BDA)
 3000 Arctic Blvd.
 Anchorage AK 99503-3898
 Fax (907) 562-0702**

AWWU BANK DRAFT AUTHORIZATION

Customer Name: _____

AWWU Account Number(s): _____

Service Address: _____

City, State, Zip: _____

E-Mail Address: _____

Daytime Phone: _____ **Evening Phone:** _____

Financial Institution: _____

Name(s) on Account: _____

Checking Account Number: _____

Signature: _____ **Date** _____

*******PLEASE NOTE THAT A VOIDED CHECK IS REQUIRED*******