

**COMMISSIONERS:**  
 David R. Knight  
 G.D. (Dennis) Holden  
 Jeff Clark  
 Tom de Laat  
 Lloyd Webster  
**GENERAL MANAGER:**  
 Gwenn Maxfield



**AUTHORIZATION AGREEMENT & ENROLLMENT FORM  
 AUTOMATIC FUNDS TRANSFER**

Owner Name (s): \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Service Address: \_\_\_\_\_

Covington Water District Account Number: \_\_\_\_\_

I (we) hereby authorize Covington Water District (CWD) to automatically withdraw from my (our) account identified below, the total amount due as stated on my (our) bi-monthly billing statement for all charges at the above service address, and to make deposits, if necessary, for error corrections. I authorize the Financial Institution named below to accept such transactions initiated by CWD. The withdrawals shall be made from my account approximately eight (8) days after the billing date. The District will terminate this agreement upon notification from the bank of insufficient funds or closed account. In that event, your water service account will be charged the District's current NSF service charge fee as set forth by the District's policy.

Otherwise, this authorization is to remain in effect until CWD has received written notification from me (us) of termination, in such time as to afford CWD a reasonable opportunity to act on it. I (we) am aware of my right to stop payment of a withdrawal by notifying CWD up to three (3) business days before the withdrawal date. If an erroneous withdrawal occurs and I (we) notify the Financial Institution of the error within sixty (60) days of the issuance of my (our) financial institution's account statement, the Financial Institution must investigate and resolve the error within forty-five (45) days of notification. My (our) account shall be recredited for the amount in question until the investigation is completed, if the error is not resolved within the ten (10) days following receipt of my (our) notification. (Condensed for Regulation E, Electronic Fund Transfer Act for the consumer's protection. If you want additional information, contact your Financial Institution.)

FINANCIAL INSTITUTION NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHECKING ACCOUNT NUMBER: \_\_\_\_\_

ABA/TRANSIT #: \_\_\_\_\_ (first nine (9) numbers on the bottom encoded line of your check)

PRINT NAME (S): \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 DAYTIME PHONE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

SIGNATURE (S): \_\_\_\_\_

**PLEASE BE SURE TO ATTACH YOUR VOIDED CHECK.  
 RETURN THIS ORIGINAL FORM - RETAIN A COPY FOR YOUR RECORDS.**