

# AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

Company Name: Dare County Water  
Customer Account No. \_\_\_\_\_

I (we) hereby authorize Dare County Water Department, hereinafter called COMPANY, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my (our) Checking (\_\_\_) Savings (\_\_\_) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit (or debit) the same to such account.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Transit/ABA No: \_\_\_\_\_ Account No: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

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

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

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**NOTE:** Form can be filled out online and printed or print and fill in the information. Along with the form, please also include a voided check from the account to be debited. Mail the completed form to: Dare County Water, 600 Mustian Street, Kill Devil Hills, North Carolina, 27948.

*Please make payments directly until the second billing cycle following your application, as many banks will not draft on the first attempt.*

If you have any questions about filling out this form, please call us toll free (888) 998-9283 and select option 1 for Billing. Thank you.