



PAYMENT AUTHORIZATION

CMWCo. Direct Payment Plan Authorization for Pre-Arranged Payments (Debits)

Your Name (please print as shown on bill) _____
(last name) (first name)

Consolidated Mutual Water Account Number _____

Service Address _____ Telephone _____

City _____ State _____ ZIP _____

Financial Institution _____ Your Bank Account # _____

Checking Savings

Please return this form with a voided check.

Please print a copy of this form for your records.

ONLY USE ONE FORM PER SERVICE ADDRESS

Allow 4-6 weeks to process

Signature: _____ Date: _____

-----Cut Here-----