



KINGSTON WATER DEPARTMENT



ACH DRAFT Banking Authorization

(Name- Please print)

(Water Account Number)

(Service Address – Please Print)

I authorize the Kingston Water Department and the financial institution named below to initiate entries to my check/savings accounts, and if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until I notify you in writing to cancel it in such times as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 10 days following issuance of my monthly water billing.

(Name of financial institution)

(Address of financial institution)

(Signature)

(Date)

Checking Acct# _____ (or) Saving Acct # _____

Financial Institution Routing #
(Please attach a voided check)

NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE KINGSTON WATER DEPARTMENT IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE. A FEE OF \$20.00 WILL BE IMPOSED ON ANY TRANSACTION NOT HONORED BY YOU FINANCIAL INSTITUTION.