



Authorization Form for Monthly Auto Debit from Checking or Saving Account

I hereby authorize Virgin Valley Water District (VVWD) to initiate debits from my checking or savings account named below on the 10th day of each month. I understand that I am responsible to notify VVWD of any changes to my checking or savings account prior to the 1st day of the month the changes are to go into effect.

A processing fee will be assessed if there are insufficient funds in your bank account or your account has been closed without proper notification to VVWD (prior to the 1st day of the month the amount is to be drawn).

This authorization is to remain in full force and in effect until VVWD receives written notification from me to terminate and/or change this agreement. I understand that I must provide notification of termination and/or change of direct withdraw to the VVWD at least by the 1st day of the month that the termination and/or change is to take effect; therefore, allowing reasonable opportunity for VVWD to act on the request to terminate and/or change.

I understand that this authorization & the services undertaken by the VVWD in no way alters or lessens my obligations under my existing contract including those provisions regarding to the amount of the monthly payment, when payments are due, the applications of payment, the assessment of late charges or the determination of delinquencies.

VVWD Account Number: _____ Date to go into Effect: _____

Name(s) on Account: _____

Address of Property: _____

Signature: _____ Co-Signature: _____

Date: _____ Phone: _____ Email Address: _____

Checking Savings Bank Name: _____

Please provide a personalized pre-printed, voided check to ensure proper routing and checking or savings information.

Withdrawal Slip or Counter Checks CANNOT be accepted!

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Official Use Only Processed by: _____ Date: _____ Verified by: _____ Date: _____