



APPLICATION AND AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (DEBITS)

I (we) hereby request and authorize Water Environment Services to initiate debit entries to my (our) Checking account indicated below, and the bank named below to debit the same to such account.

BANK _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

BANK ACH ROUTING NO. _____

BANK ACCOUNT NO. _____

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

Please Print:

NAME(S) _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

WATER ENVIRONMENT SERVICES CUSTOMER NO. _____

DATE _____

SIGNED _____

SIGNED _____

PLEASE ATTACH A COPY OF A VOIDED CHECK.

For Office Use Only

Date Received: _____ By: _____

Prenote Date: _____ Live Date: _____

**Return to: Water Environment Services
PO Box 280
Oregon City, OR 97045**