



**Mammoth Community Water District**  
P.O. Box 2117  
1315 Meridian Blvd  
Mammoth Lakes, CA. 93546  
(760) 924-4520 Fax (760) 934-4080  
Email at: [billing@mcwd.dst.ca.us](mailto:billing@mcwd.dst.ca.us)

## Authorization Agreement For Automatic Draft Payment

Your payments will be automatically deducted on the 20th of each month (or the first business day after the 20th) from your checking account at no charge. **Please fill out the information below and return it to the Mammoth Community Water District.**

I (we) hereby authorize Mammoth Community Water District, hereinafter called COMPANY, to initiate debit entries to my (our) checking account and the depository institution named below, hereinafter called DEPOSITORY, for the amount due on my (our) water/wastewater bill.

Mammoth Community Water District Account Number \_\_\_\_\_

Your Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

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

Depository Transit /ABA (routing) Number \_\_\_\_\_

Depository Account Number \_\_\_\_\_

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 and Depository a reasonable opportunity to act on it.

Name(s) (please print) \_\_\_\_\_

Property Address \_\_\_\_\_

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

By typing in my/our name(s) above, I/we acknowledge signing this agreement.