



NORTH COAST COUNTY WATER DISTRICT
DIRECT DEBIT AUTHORIZATION AGREEMENT
2400 FRANCISCO BLVD. PACIFICA, CA 94044

CUSTOMER INFORMATION:

Name: _____ Account No.: _____

Address: _____

Home Phone No.: _____ Cell No.: _____

Email address: _____

I authorize NCCWD (North Coast County Water District) to draft the money from the following bank account for payment of above-mentioned water bill account.

BANK INFORMATION:

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Type of Account: Checking _____ Savings _____

Please attach a voided check to the following space:

(attach voided check here)

Customer Signature

Date