



NORTH COAST COUNTY WATER DISTRICT  
DIRECT DEBIT AUTHORIZATION AGREEMENT

**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 or savings account deposit slip to the following space.**

**(attached voided check/deposit slip here)**

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date