



1525 E. Sahuarita Road, PO Box 7, Sahuarita, AZ 85629
 Phone: 520.879.7474 * Fax: 520.791.2853 * www.farmerswaterco.com

ELECTRONIC DEBIT/AUTOMATED CLEARING HOUSE (ACH)

****APPLICATION****

(PLEASE PRINT)

Customer Name:	
Farmers Water Co. Account Number:	
Complete Service Address: <i>(including city, state, zip)</i>	
Home Phone Number:	
Cell Phone Number:	

BANK INFORMATION

****PLEASE ATTACH A VOIDED CHECK****

Bank Name:	
Complete Address: <i>(including city, state, zip)</i>	
Routing Number:	
Account Number:	
Type of Account: <i>(circle one)</i>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I authorize Farmers Water Co. (FWC) to initiate electronic debit entries from the above-referenced bank account for payment of the Customer's water bill. This authority will remain in effect until I notify FWC in writing to cancel the electronic debit entries and after such time as to afford FWC and the above-referenced bank a reasonable opportunity to act on the cancellation request. I acknowledge that all payments will be deducted on the 15th of each month, or the first banking day following the 15th, if the 15th falls on a day when FWC's bank is closed.

Signature: _____ Date: _____

Date Initiated by FWC:		Entered By:	
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