



West Corinne Water Company  
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 Corinne, Utah 84307

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## ACH Authorization for West Corinne Water Company

Every month West Corinne Water Company (WCWC) will debit your personal checking/savings account for the total amount of your WCWC water billing. You will continue to receive your water billing as you normally would. The full amount due will be automatically debited from your account on the 10th day of the month. If the 10th day of the month falls on a weekend or holiday, then the debit will occur the following business day.

**As a participant of Electronic Debiting, I agree to and/or understand all the following:**

- Authorize West Corinne Water Company to debit my checking or savings account for all monthly charges for utility services.
- Ensure that sufficient funds are in my checking and savings account to cover my bill.
- Two consecutive refused electronic fund transfers will cancel this agreement at West Corinne Water Company’s sole discretion. There will be a \$20 charge for refused electronic fund transfers.
- Promptly notify West Corinne Water Company of any change to my checking or savings account. If a change occurs it is my responsibility to provide West Corinne Water Company with the current account information.
- There will be a 3% processing fee added to each transaction.

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Customer Phone Number: \_\_\_\_\_

Customer Email Address: \_\_\_\_\_

West Corinne Water Company Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Type of Account: (Please mark one)    Checking\_\_\_\_\_    Savings \_\_\_\_\_

Authorized Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**This authorization is to remain in full force and effect until West Corinne Water Company has received written notification from me of its termination 15 days prior to date of funds to be withdrawn.**

Please attach VOIDED check to this space.  
 DO NOT USE A DEPOSIT SLIP  
 Return Completed form to either:  
 The PO Box or email listed at the top of this form.