

Aquarina Utilities, Inc.

P.O. Box 1114
Fellsmere, FL 32948
(772) 708-8350 (office)
(772) 708-7946 (emergency)
aquarinautilities@bellsouth.net

**ACH PRE-AUTHORIZED DRAFTS
AUTHORIZATION AGREEMENT**

I hereby authorize **Aquarina Utilities, Inc.**, hereinafter called **COMPANY**, to initiate debit entries or such adjusting entries, either credit or debit which are necessary for corrections, to my Checking _____ Savings _____ account indicated below and the financial institution named below to debit (or credit) the same to such account.

FINANCIAL INSTITUTION NAME **CITY** **STATE**

BANK TRANSIT/ROUTING NUMBER **BANK ACCOUNT NUMBER**

This authority is to remain in full force and effect until **COMPANY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** a reasonable opportunity to act on it.

CUSTOMER NAME

SIGNATURE **DATE**

ACCOUNT NUMBER(S) **SERVICE ADDRESS**

Please include a voided check to verify the bank account numbers above.