



601 N. Moapa Valley Boulevard \* Post Office Box 257 \* Logandale, Nevada \* 89021  
Telephone (702) 397-6893 \* Facsimile (702) 397-6894

## AUTHORIZATION FOR DIRECT PAYMENT

I hereby authorize Moapa Valley Water District to initiate debits from my checking or savings account named below. Such debits will occur monthly on the bill due date, and will continue until the Moapa Valley Water District has received written notification from me to terminate this agreement. Moapa Valley Water District and my bank will have a reasonable opportunity to act on the request to terminate.

I understand that I am responsible for notifying Moapa Valley Water District of any changes to my checking or savings account.

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_ MVWD Account #: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type:                                      Checking                                      Savings

A \$25.00 RETURN ITEM CHARGE WILL BE ASSESSED IF THE PAYMENT RETURNS FOR ANY REASON.

ACCOUNT HOLDER SIGNATURE: \_\_\_\_\_

**\*\*\* PLEASE PROVIDE A VOIDED CHECK TO ENSURE PROPER ROUTING\*\*\***

Attribute Set	
L/C Disabled	
Pre-Note	