

**Monroe County Water Authority**  
***Automatic Bill Payment***  
**Authorization Form**

I authorize the Monroe County Water Authority to begin electronic deductions from my chosen checking account for payment of my water bill.

I understand that the Automatic Bill Payment plan is an alternative method of payment only and does not otherwise affect the respective rights of the Authority or my financial institution, with respect to each other or myself. I also understand that the Authority and my financial institution reserve the right to terminate this payment plan and/or my participation in it. It is my responsibility to notify the Authority if I change my checking account number or if I choose to cancel participation in the Automatic Bill Payment plan.

**Please Note: *The Automatic Bill Payment Plan will be effective for future bills only.***

**Name of Financial Institution:**

\_\_\_\_\_

**Checking Account Number:**

\_\_\_\_\_

**Customer Name:**

\_\_\_\_\_

(please print)

**Service Address:**

\_\_\_\_\_

**Water Bill Account Number:**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**Email Address:** (optional)

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

**Date:**

**Mail form and a voided pre-printed check to the following address:**

**Monroe County Water  
Authority  
P.O. Box 10999  
Rochester, N.Y. 14610-0999**

***Be sure to include a voided check with pre-printed name & address.***