



FOR OFFICE USE ONLY

Name: _____

Cycle No.: _____

**SHORELANDS
WATER CO., INC.**

1709 Union Avenue • P.O. Box 158 • Hazlet, New Jersey 07730 • (732) 264-7300 • Fax (732) 264-6154

**AUTHORIZATION FORM FOR DIRECT DEBIT PAYMENT
Shorelands Water Company, Inc.**

I hereby authorize Shorelands Water Company to initiate debit entries for monthly water bills from the account indicated below. I acknowledge that the origination of Direct Debit transactions from my account must comply with all provisions of U.S. law. Shorelands Water Company will debit my account for amounts becoming due by me on a monthly basis, according to the due date on my account.

Financial Institution Name _____

Address _____

City/State _____

Zip Code _____

Account Name _____

Routing Number _____

Account Number _____

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

PLEASE ATTACH COPY OF A VOIDED CHECK TO THIS FORM!

Print Name _____

Signature _____

Date _____

Shorelands Water Account No. _____