



**APPLICATION AND AUTHORIZATION AGREEMENT
FOR PREAUTHORIZED PAYMENTS (DEBITS)**

I (we) hereby request and authorize Clackamas Water Environment Services to initiate debit entries to my (our) Checking account indicated below, and the bank named below to debit the same to such account. Account will debit on the 20th of each month, or the next business day if the 20th falls on a holiday or weekend.

BANK _____ BRANCH _____
CITY _____ STATE _____ ZIP _____
BANK ACH ROUTING NO. _____

BANK ACCOUNT NO. _____

This authority is to remain in full force and effect until Clackamas Water Environment Services and bank have received written notification from me (or either of us) of its termination, in such time and in such manner as to afford Clackamas Water Environment Services and bank a reasonable opportunity to act on it.

Please Print:

NAME(S) _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

CLACKAMAS WATER ENVIRONMENT SERVICES CUSTOMER NO. _____

DATE _____

SIGNED _____

SIGNED _____

PLEASE ATTACH A COPY OF A VOIDED CHECK.

For Office Use Only	
Date Received:	By:
Prenote Date:	Live Date:

**Return to: Clackamas Water Environment Services
PO Box 280
Oregon City, OR 97045**