CLACKAMAS
WATER
ENVIRONMENT
SERVICES

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.

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