



Midway Water System

AUTHORIZATION AGREEMENT For Automated Bill Pay (Electronic Funds Transfer)

Name: _____

Service Address: _____

Customer #: _ _ _ _ _ Account #: _ / _ _ _ _ - _

NOTE: Your customer and account numbers are on your bill.

Description of Debit: MIDWAY WATER SYSTEM, INC. UTILITY BILL

Name of Bank: _____

Bank Transit/ABA #: _____

NOTE: These numbers are located at the bottom of your check.

Bank Account Number: _____

Name as shown on Bank Account: _____

Checking Savings

NOTE: Be sure to attach voided check.

Signature: _____

__/__/__ Phone (8 AM – 5 PM) _____

Signature (Joint Account): _____

__/__/__ Phone (8 AM – 5 PM) _____

Please return the completed form along with a voided check listing your account number to our office, either by mail or in person. Allow two billing cycles for the automated process to take place.

Midway Water System Inc. 4971 Gulf Breeze Pkwy. Gulf Breeze, FL 32563-9286

Questions?



For any questions relating to this form, please call (850) 932-5188.