

# Pay Water Bill With Ease

Both business and residential consumers are encouraged to take advantage of the district's new direct payment plan to make paying water bills easier. Simply complete the appropriate form below and

mail it back to the district office at 4 Dean Street, Hicksville, NY 11801 for processing. Questions can be directed to (516) 931-0184 — or, stop by the district office during business hours.

## Residential Accounts

Debit Authorization for Hicksville Water District  
Hicksville, NY

### AUTHORIZATION FORM FOR DIRECT PAYMENT ACH DEBITS

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Daytime Phone Number)

\_\_\_\_\_  
(Hicksville Water Account Number)

I (we) hereby authorize Hicksville Water District, hereinafter called DISTRICT, to initiate debit entries for water bills to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip Code)

Checking  Savings

\_\_\_\_\_  
(Type of Account — Check One Above)

\_\_\_\_\_  
(Account Name)

\_\_\_\_\_  
(Routing Number — Provided by Financial Institution)

\_\_\_\_\_  
(Account Number)

This authority is to remain in full force and effect until DISTRICT has received written notification from me (or either of us) of its termination in such time and manner as to afford DISTRICT and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

*Note: Debit Authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.*

05/06

## Business Accounts

Debit Authorization for Hicksville Water District  
Hicksville, NY

### AUTHORIZATION FORM FOR DIRECT PAYMENT ACH DEBITS

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Company Tax ID Number)

\_\_\_\_\_  
(Hicksville Water Account Number)

I (we) hereby authorize Hicksville Water District, hereinafter called DISTRICT, to initiate debit entries for water bills to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip Code)

Checking  Savings

\_\_\_\_\_  
(Type of Account — Check One Above)

\_\_\_\_\_  
(Account Name)

\_\_\_\_\_  
(Routing Number — Provided by Financial Institution)

\_\_\_\_\_  
(Account Number)

This authority is to remain in full force and effect until DISTRICT has received written notification from me (or either of us) of its termination in such time and manner as to afford DISTRICT and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name and Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

*Note: Debit Authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.*

05/06