

## Direct Debit Authorization Form

**Include copy of voided check.**

Save this form and attach it to an email and email to: [customerservice@wagmn.org](mailto:customerservice@wagmn.org).

Or print the form and mail to:

Water Authority of Great Neck North

Attn: Direct Debit Program

50 Watermill Lane

Great Neck, NY 11021

Account Number \_\_\_\_\_

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

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

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Bank \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Checking Account (include copy of voided check) \_\_\_\_\_

Your Signature\* \_\_\_\_\_

\*By affixing my signature herewith, I agree to the Terms & Conditions set forth in the Water Authority's Direct Debit Program and hereby authorize the Water Authority to withdraw funds from my designated account for the purpose of paying my water bill.