

Direct Debit Authorization Form

Include copy of voided check.

Save this form and attach it to an email and email to: customerservice@wagnn.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) _____

Please check off ONE of the following options:

Send me an eBill*

Send me a paper bill

*By checking off this box, you are selecting to be a customer in the eBill Program and authorizing us to send your Water Authority of Great Neck North water bill, and if applicable, urgent notices, electronically by email only. By joining this program, you will not receive these statements by mail.

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.