



## Automatic Bill Payment AUTHORIZATION FORM

I authorize the Maui County Department of Water Supply (DWS) to establish an Automatic Bill Payment (ABP) to pay my water and/or sewer bill for the water service indicated. I also authorize the financial institution named below to charge my checking or savings account to pay the water and/or sewer bill. Please credit the following DWS service with payments. *This information is confidential and will be used for Department of Water Supply Automatic Bill Payment purposes only.*

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

\_\_\_\_\_  
DWS Service Holder Name

\_\_\_\_\_  
Service Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Business Phone (xxx) xxx-xxxx

\_\_\_\_\_  
Residence Phone (xxx) xxx-xxxx

Account Type (check one)  
     Checking  
     Savings

\_\_\_\_\_  
Financial Institution

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

\_\_\_\_\_  
Financial Account Holder Name

1. Fill in the information above
2. Read and sign the agreement on the right
3. Attach check marked "VOID" showing your complete account number and name of financial institution.

## AUTHORIZATION AGREEMENT

Effective \_\_\_\_\_,

(please fill in today's date as mm/dd/yy)

I authorize the Maui County Department of Water Supply to initiate entries to my account at the financial institution named on the ABP Authorization Form. I further authorize that financial institution to charge my account for those entries.

I understand that this authorization will remain in effect until terminated either by myself in writing to the Department of Water Supply at least ten (10) working days before the bill is mailed, or by the Department of Water Supply, should two (2) payments be returned due to insufficient funds.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to:

Department of Water Supply  
Customer Service Division  
200 South High Street  
Wailuku, HI 96793-2155