



AUTOMATIC PAYMENT BANK ACCOUNT CHANGE

I, _____, account #, _____, request a bank account
(VVWD account #)
change for the Virgin Valley Water District's automatic payment program effective:

Month: _____

Year: _____

This authorization form must reach our office by the 1st day of the month that you wish the change to take effect.

Select the account from which your payment will be debited:

Checking _____ Savings _____. Please enclose blank check or savings withdraw slip
(NO DEPOSIT SLIPS)

New Bank Name

Signature of property owner-account holder

Date: _____ Daytime phone: _____