

**Maywood Mutual Water Company #3  
DBA Tri-City Mutual Water Company**

6151 Heliotrope Ave Maywood, Ca 90270 Office 323 560-3657 Fax 323 560-3852

**Authorization form for automatic bi-monthly payments**

**Customer information:**

Account # \_\_\_\_\_ Property address: \_\_\_\_\_

Customer name: \_\_\_\_\_ Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Paperless

**Banking information:**

Bank institution: \_\_\_\_\_

Bank routing #: \_\_\_\_\_

Bank account #: \_\_\_\_\_

Name on bank account if different from customer name

: \_\_\_\_\_ Address if different from property

address: \_\_\_\_\_

**Billing months: JANUARY, MARCH, MAY, JULY, SEPTEMBER, NOVEMBER**

**\*\*\*Payment will be processed on due date \*\*\*There is a \$1.00 processing fee that will be added at time of withdrawal.\*\*\*  
**\*\*\*Any returned payments will incur a \$25.00 charge back fee\*\*\*  
**\*\*\*Cancellation of a payment must be made at least 5 days before it is to be processed. \*\*\*******

**Authorized account signer: I authorize Maywood Mutual Water Co. #3 to set up my account with Automatic Payments and to debit my checking account as directed above. By signing this form, I understand and accept terms and conditions.**

Signature \_\_\_\_\_ Date \_\_\_\_\_