

**AUTHORIZATION FOR DIRECT DEBIT
APPLICATION FOR PERSONAL CHECKING ACCOUNTS ONLY**

Howard County Department of Finance
Water/Sewer Division

Check one: _____ Enrollment _____ Cancellation _____ Change

Name _____

Address _____

City _____ St _____ Zip _____

Daytime Phone: ____ - ____ - ____ Water/sewer account # _____

Bank information: Please Print

Bank Name: _____ Bank Acct # _____

Name(s) on Bank Account _____

ENCLOSE A COPY OF A VOIDED CHECK

I hereby authorize Howard County Department of Finance to debit the above referenced checking account for the net amount owed to Howard County Water and Sewer Division for water/sewer usage charges on a quarterly basis. The direct debit will occur on the net due date printed on the water/sewer bill.

This authorization is to remain in force until Howard County Water/Sewer Division has received written notification of termination in such time and in such manner as to afford Howard County Department of Finance and/or the Bank(s) a reasonable opportunity to act on it.

In the event that Howard County Department of Finance notifies the Bank(s) that funds were not entitled to the County, I hereby authorize and direct the Bank(s) to return said funds to the above referenced account. I agree that if funds are not available in my checking account on date the direct debit occurs, I will be responsible for paying all outstanding water/sewer charges, late fees and a \$35.00 special handling charge to Howard County Water/Sewer Division upon notification.

Signature of Bank Account Holder _____ Date _____

Printed Name _____

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

DO NOT ENCLOSE THIS FORM WITH YOUR PAYMENT. MAIL THIS FORM TO:

**DIRECTOR OF FINANCE, DIRECT DEBIT
PO BOX 3367
ELLCOTT CITY, MD 21041-3367
Fax to 410-313-3239**

**AUTHORIZATION FOR DIRECT DEBIT
APPLICATION FOR BUSINESS CHECKING ACCOUNTS ONLY**

Howard County Department of Finance
Water/Sewer Division

Check one: _____ Enrollment _____ Cancellation _____ Change

Name of Company _____

Business address _____

City _____ St _____ Zip _____

Daytime Phone: ____-____-____ Water/sewer account #'s _____, _____

_____, _____, _____, _____, _____

Bank information: Please Print

Bank Name: _____ Bank Acct # _____

Authorized Name(s) on Bank Account _____

Authorized signature(s) on File at Bank _____

Printed Name(s) & Title(s) _____

ENCLOSE A COPY OF A VOIDED CHECK

I hereby authorize Howard County Department of Finance to debit the above referenced checking account for the net amount owed to Howard County Water and Sewer Division for water/sewer usage charges on a quarterly basis. The direct debit will occur on the net due date printed on the water/sewer bill.

This authorization is to remain in force until Howard County Water/Sewer Division has received written notification of termination in such time and in such manner as to afford Howard County Department of Finance and/or the Bank(s) a reasonable opportunity to act on it.

In the event that Howard County Department of Finance notifies the Bank(s) that funds were not entitled to the County, I hereby authorize and direct the Bank(s) to return said funds to the above referenced account. I agree that if funds are not available in my checking account on date the direct debit occurs, I will be responsible for making all outstanding water/sewer charges, late fees and a \$35.00 special handling charge to Howard County Water/Sewer Division upon notification.

Signature(s) of authorization _____ Date _____

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

**DO NOT ENCLOSE THIS FORM WITH YOUR PAYMENT. MAIL THIS FORM TO:
DIRECTOR OF FINANCE, DIRECT DEBIT
PO BOX 3367
ELLCOTT CITY, MD 21041-3367
Fax to 410-313-3239**