



CUSTOMER SERVICES DIVISION
 P.O. BOX 568 ALBUQUERQUE, NM 87103
 www.abcwua.org

Main: (505)842-WATR (9287) / DT Fax: (505)289-3062 / NWSA Fax: (505)289-3332

AUTO PAYMENT ENROLLMENT FORM

****Form will NOT be processed unless all information is complete****

Customer Information			
Date:		Water Authority Account Number:	
Customer's Name:		Phone Number:	
Service Address:			
Mailing Address, if different:			
Is the customer only changing their financial institution?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If an agent for the customer is submitting the Auto Pay request, a document proving legal authorization is required. For example: POAs, Wills, Estate and Trust documents, Letter of Authorization, etc.</i>			
Financial Institution Information			
Customers shall submit a pre-printed voided check with this form to validate account information. No starter checks accepted. Please complete the form and submit to: ABCWUA, ATTN: CUSTOMER SERVICE DIVISION, P.O. Box 568, Albuquerque, NM 87103-0568			
*****Frequently Asked Questions*****			
1. How can I save time and money?	Complete this form and attach a pre-printed voided check and submit to the Water Authority.		
2. Is there a charge for this service?	This is a free service-saving time, postage, and the hassle of writing checks.		
3. What date will the payments be deducted?	Payments are deducted on the due date listed on the monthly bill.		
4. When will the automatic payment start?	Auto draft begins on the next billing cycle after the application is received and processed by CSD.		
5. What if I change financial institutions?	A new application is required to change this information.		
6. How can I cancel auto draft on my account?	Call a Customer Care Representative at (505) 842-9287 to assist you.		
Name of Financial Institution:			
Routing Number:	Account Number:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Checking Accounts: Please attach a voided check. Savings Accounts: Please attach a voided deposit slip.			

By signing this form, I hereby authorize the Water Authority to coordinate payment transactions with my financial institution each month for payment of the Water/Sewer/Refuse bill. I understand that if I decide to discontinue this payment service at any time, I will notify the Water Authority.

Customer Signature: _____ **Date:** _____

We are committed to excellent service and appreciate your business. THANK YOU.

FOR OFFICIAL USE ONLY					
Sent to Customer:	<input type="checkbox"/> In Person	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail	<input type="checkbox"/> Mail	<input type="checkbox"/> Other
Employee's Name:			Date/Time:		
Received from Customer:	<input type="checkbox"/> In Person	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail	<input type="checkbox"/> Mail	<input type="checkbox"/> Other
Employee's Name:			Date/Time:		
Processed by:			Date Processed:		
Comments:					