

# Direct Payment Form

## Authorization Agreement for Direct Payments (ACH Debits)

Please print out the form below, fill it in and mail to:

Pennichuck Water  
25 Manchester Street  
P.O. Box 1947  
Merrimack, NH 03054-1947

Please call Customer Service with any questions: 603-882-5191

Company Name (Pennichuck Water) \_\_\_\_\_

Your Pennichuck Water Account # \_\_\_\_\_

I (we) hereby authorize Pennichuck Water, hereinafter called the Company, to initiate debt entries to my (our)

\_\_\_ Checking/NOW Account      \_\_\_ Savings Account indicated below and the financial institute named below, and to debit the same to such account.

Financial Institute Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Routing # : \_\_\_\_\_

Account #: \_\_\_\_\_

This authorization is to remain in full force and effect until at such time I decide to discontinue this payment service and have notified the Company in such a manner as to afford the Company a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_

(Please Print)

Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_