



MAKE IT EASY WITH  
**DIRECT DEBIT**  
United Water's  
Electronic Payment Plan



## KEEP THIS PORTION FOR YOUR RECORDS

I enrolled in **United Water's Direct Debit** program on \_\_\_\_\_ (date) and authorized  
\_\_\_\_\_ (bank or financial institution)  
to pay and charge my account # \_\_\_\_\_  
the amount of my bill payable to:

**United Water Delaware**  
PO Box 6508  
Wilmington, DE 19804

[unitedwater.com](http://unitedwater.com)



**YES!**

I want to make it easy with  
**Direct Debit, United Water's**  
easy electronic payment plan!



# MAKE IT EASY WITH DIRECT DEBIT

United Water offers a direct debit payment program. This system allows you to pay your bill automatically by having the payment electronically deducted from your checking account. Direct Debit is the most convenient and reliable method of paying your bill and the service is free.



## With Direct Debit You:

- Save time by not writing a check for each bill.
- Save the cost of postage and checks.
- No longer worry about paying your bills while you are out of town.

United Water will send you a statement each billing period before your bill is due. You will know the exact amount of your payment and the exact date it will be deducted from your account.

## Sign Up. It's Easy!

Signing up for Direct Debit is easy. Just fill out the Automatic Payment Plan Authorization Agreement below and attach a voided check. Return the information to our office at:

**United Water Delaware**  
PO Box 6508  
Wilmington, DE 19804

## MAKE IT EASY WITH DIRECT DEBIT!

In keeping with our commitment to the environment, this publication was printed on recycled paper.

cut at line

### Automatic Payment Plan Authorization Agreement

To ensure proper bank coding of your transfer, please attach a check marked "VOID." Your application cannot be processed without this information.

**Please mail to:**  
**United Water Delaware**  
**PO Box 6508**  
**Wilmington, DE 19804**

NOTE: I (we) hereby authorize and request the company named above to initiate debit entries to my (our) account indicated below and the Bank, Savings and Loan or Credit Union to debit the same to such account.

This authorization to remain in full force and effect until United Water has received written notification from me (or either of us) of its termination in such time and in such manner as to afford United Water and the Financial Institution a reasonable opportunity to act on it.

(Please print)

NAME OF YOUR BANK, SAVINGS AND LOAN OR CREDIT UNION		
BRANCH	ROUTING NUMBER	
CHECKING ACCOUNT NUMBER		
YOUR NAME (as shown on Financial Institution Records)		
ADDRESS		DAYTIME TELEPHONE NO.
CITY	ST	ZIP CODE
NAME (as shown on United Water account)		E-MAIL
14-DIGIT ACCOUNT NUMBER (as shown on United Water bill)		

SIGNATURE (as shown on Financial Institution Records)

1. .... Date: .....  
2. .... Date: .....