



Department of Water (DOW)

Revised 3/30/2015

County of Kauai
4398 Pua Loke Street
Lihue, HI 96766
Telephone: 808-245-5442

AUTOMATIC BILL PAYMENT AUTHORIZATION FORM

DOW Account Number: _____

DOW Service Holder: _____

Service Address: _____

Home Phone Number: _____ Business Number: _____

Email: _____

Account type (Check one): Checking or Share Draft Savings (no passbook savings)

Financial Institution: _____

PLEASE TAPE A VOIDED CHECK HERE.



**IMPORTANT INFORMATION:
SAVINGS ACCOUNTS REQUIRE A SIGNATURE FROM YOUR FINANCIAL INSTITUTION CONFIRMING THE ACCURACY OF THE INFORMATION**

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Routing Information

Payee Account Number

Authorized Signature of Financial Institution

*Maximum Withdrawal Amount: _____

*** If no amount is stated above an amount of \$300 will be set as the default amount. If the amount noted above is insufficient to cover your total bill due each month you will be responsible for the remaining balance plus any late charges incurred.**

I authorize the County of Kauai, Department of Water (DOW) to electronically withdraw my monthly water bill (limited to the maximum amount listed above) from the financial institution and the account listed above. I further authorize my financial institution to charge me any associated fees.

I understand that this authorization will remain in effect until terminated either by myself in writing to the DOW at least 10 working days before the bill is mailed, or by the DOW should 2 payments be returned due to insufficient funds in a 12 month period.

PLEASE ALLOW 15 WORKING DAYS BEFORE ABP IS APPLIED

SIGNATURE

DATE