## **Puhi Sewer and Water Company**

PO Box 31000 Honolulu, HI 96849-5707 Phone: (808) 332-7381 Email: pswmail@aquaengineers.com

## Authorization for AutoPay with Email Statements

Name:	Puhi Sewer Account Number:
Address:	
City: State: _	Zip Code:
Email Address:  (Your monthly statement will be emailed to the sta	this address effective with the next statement date)
To ensure our emails reach your inbox, please add our email a	
I hereby authorize <u>Puhi Sewer and Water Company</u> to infrom the Financial Institution indicated below, to charchecking/savings account indicated below.	• • •
	Phone:
Account Type:	Routing Number Account Number  22222222222222222222222222222222222
Signature:	Date:

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Puhi Sewer & Water Company in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that Puhi Sewer & Water Company may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.