

Gordon's Corner Water Company

27 Vanderburg Rd ♦ PO Box 145 ♦ Marlboro, NJ 07746-0145
phone (732)-946-9333 ♦ fax (732)-946-9399

DIRECT PAYMENT ENROLLMENT

Gordon's Corner Water Company (GCWC) is now offering an automatic payment system to its customers. This method of payment allows you to pay your water bill automatically by having the payment deducted electronically from your checking account through your bank.

We will continue to send you a statement by mail each billing period. **The statement will indicate the total amount due and the date the payment will be deducted after the words "Paid By Draft".** Direct Payment is a convenient method of paying your water bill and the service is free.

Only current balances can be deducted using this method. **If you have a balance that is in arrears or are currently on a deferred payment plan you must pay off these balances in full before beginning this automatic debit program.**

DIRECT PAYMENT AUTHORIZATION AGREEMENT

By signing the section below you are authorizing and instructing your financial institution to deduct the amount of your water bill from your checking account and remit directly to GCWC. This authorization is to remain in full force and effect until GCWC has received written notification from you of its termination in such time and manner as to afford GCWC and your financial institution a reasonable time to act on it. GCWC also reserves the right to terminate this agreement.

----- Cut Here and Return Bottom Section -----

SIGN UP FOR DIRECT PAYMENT

Please Complete all sections, sign and return this form with a voided check. Please do not return by fax or e-mail. Mail to: GCWC P.O. Box 145 Marlboro, NJ 07746.

(PLEASE PRINT CLEARLY)

Name (as shown on bill): _____ Phone No. _____

Service Address: _____ Town: _____

GCWC Account Number: -

Account Information: (Bank, Financial Institution)

Routing Number: (First group of 9 numbers on the bottom left corner of your check)

Bank Account Number: _____ (Second group of 10 numbers on the bottom middle of your check)

Financial Institution Name: _____

Name (as shown on financial Institution's records): _____

SIGNATURE: _____ Date: _____

PLEASE ALLOW 4-6 WEEKS TO PROCESS REQUEST