



**MOHAWK VALLEY  
WATER AUTHORITY**

Quality water... for life.

One Kennedy Plaza, Utica NY 13502

Attn: ARP

315-792-0301/www.mvwa.us

**Automatic Recurring Payment Authorization**

Date: \_\_\_\_\_

I, \_\_\_\_\_ authorize Mohawk Valley Water Authority to set up an account on mvwa.us to charge my:

Bank account listed below:

Monthly recurring payment starting on \_\_\_\_\_ (mm/dd/yyyy) and on the \_\_\_\_\_ day of each month in the amount of \$\_\_\_\_\_.

Quarterly payment to be paid 10 days before the due date for the amount of \$\_\_\_\_\_ for water and sewer bill as presented by the MVWA.

My account information is as follows: (PLEASE INCLUDE A VOIDED CHECK)

Bank Name: \_\_\_\_\_ Name on Account \_\_\_\_\_

Bank Account Type:  Checking  Savings

Bank ABA Number: \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Credit/Debit Card listed below:

Monthly recurring payment starting on \_\_\_\_\_ (mm/dd/yyyy) and on the \_\_\_\_\_ day of each month in the amount of \$\_\_\_\_\_.

Quarterly payment to be paid 10 days before the due date for the amount of \$\_\_\_\_\_ for water and sewer bill as presented by the MVWA.

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

This payment is valid and to remain in effect unless I notify the Mohawk Valley Water Authority of its cancellation by sending written notice by fax, mail, or email to [info@mvwa.us](mailto:info@mvwa.us).

Customer Name \_\_\_\_\_ Address \_\_\_\_\_

Account Number \_\_\_\_\_ e-mail address \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Please fax to 315-792-4722, Attn: ARP or scan and email to [info@mvwa.us](mailto:info@mvwa.us) or mail to the address above, Attn: ARP.

**The Mohawk Valley Water Authority does not keep, share, or sell any confidential personal financial information to third parties.**