



WATER AND SEWER AUTHORITY OF CABARRUS COUNTY
Electronic Funds Transfer Authorization Agreement

Effective Date: _____ New EFT Setup _____ Change _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Social Security # or Federal Tax ID# _____

Email Address : _____

(Required to receive courtesy notification of EFT)

By signing below, I hereby authorize Water and Sewer Authority of Cabarrus County (WSACC) to electronically deposit payments to the financial institution and bank account provided below. I understand that if my banking information changes, and WSACC is not made aware of this change, payment could be delayed. I acknowledge that electronic payments to this account must comply with the provision of the U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC).

Check one box below.

____ I affirm that the electronic payment received **IS NOT SUBJECT** to being transferred to a foreign bank account.

____ I affirm the entire payment amount **IS SUBJECT** to being transferred to a foreign bank account.

Authorized Signature: _____

Printed Name: _____

Please attach a voided check in this area *(Do not use deposit slip)*

SUBMIT TO ONE OF THE FOLLOWING:

Email to: SFarris@wsacc.org

Fax to: 704-795-1564

Mail to: WSACC/AP, PO Box 428, Concord NC 28026

QUESTIONS: Please contact Shelley Farris at 704-786-1783 x227