



## Automatic Bill Payment (ABP) Authorization Form

### Authorization

I authorize the Board of Water Supply to establish an Automatic Bill Payment (ABP) to pay my water (and sewer) bill for the water service indicated. I also authorize the financial institution named below to charge my checking or savings account to pay the water (and sewer) bill. Please credit the following BWS service with payments.

BWS Service Number:	
BWS Service Holder:	
BWS Service Location:	
Financial Institution:	
Account Type: <i>(please check one)</i> <input type="checkbox"/> Checking or Share Draft <input type="checkbox"/> Savings <i>Please submit a <b>void check</b>, if <b>checking</b> or <b>share draft</b> account type is selected.</i>	
Checking/or Savings Account Number:	Account Holder:
Residence Phone:	Business Phone:

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please send completed authorization forms to:

Honolulu Board of Water Supply  
Customer Service Division  
630 South Beretania Street  
Honolulu, Hawaii 96843

Phone: 748-5000