



## Automatic Bill Payment (ABP) Authorization Form

### Authorization

I authorize the Board of Water Supply (BWS) 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 Account Number**

**BWS Service Holder**

**BWS Service Location (address)**

**Financial Institution:**

### Account Type

Checking or  
Share Draft  
Savings

### Attachments

*If **checking** or **share draft** account type is selected, please attach a void check.*

*If **savings** account type is selected, attach a bank statement with your name and savings account number.*

**Checking or Savings Account Number**

**Account Holder**

**Residence Phone**

**Business Phone**

**Email Address**

**Signature:** \_\_\_\_\_

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

Please send completed authorization forms to:

Honolulu Board of Water Supply  
Customer Care Division  
630 South Beretania Street  
Honolulu, Hawaii 96843-0001

Phone: 808-748-5000