

AUTOMATED PAYMENT AUTHORIZATION FORM

PWSD #1 OF FRANKLIN COUNTY, MISSOURI

I (we) hereby authorize Public Water Supply District #1 of Franklin County, herein called District, to initiate debit entries to my (our) *(select one)*

checking account

savings account

indicated below and the depository named below, herein called Depository, to debit such account. I (we) understand that the District will debit the below listed account to collect amounts due for water and/or sewer utility services. I (we) understand that a Not Sufficient Funds (NSF) fee may be charged, as allowed by the applicable law, if any item is returned for any reason.

Bank Depository Name: _____

City _____, State _____

Transit ABA # _____ Bank Acct # _____

This authority is to remain in full force and effect until the District and Depository have received written notification from the person(s) listed below, of this termination in such time and in such manner as to afford the District and Depository to act.

Customer Name(s) _____

Service Address _____, _____

Customer Drivers License #(s) _____

Phone # _____

Utility Account # _____

Signature(s) _____ Date _____

_____ Date _____

Please enclose a VOIDED CHECK with this form. Thank You.