

# 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.**