



# Public Water Supply District No. 2



## APPLICATION FOR AUTOMATIC MONTHLY BANK DRAFT PAYMENT PLAN

Service ID Number: \_\_\_\_\_ Account ID Number: \_\_\_\_\_

Customer Name (as it appears on your Water Bill): \_\_\_\_\_

I authorize Public Water Supply District No. 2 of Cass County, Missouri to draft the amount of my water bill from the designated account with the Financial Institution listed below until I terminate this authorization. I understand that the payment will be deducted on the due date shown on my water bill thus avoiding a penalty. I have read and agreed with the terms set forth on the back of this page. I further acknowledge receipt of a copy of this authorization.

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

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

Printed Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternate Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I would like to have my water bill emailed ONLY to me: \_\_\_\_\_

### Instruction for Automatic Bank Draft Payment Plan:

#### Bank Account Information

Checking: \_\_\_\_\_ (attach a voided check)

Savings Account Number: \_\_\_\_\_ (attach a voided deposit slip)

Bank Routing Number: \_\_\_\_\_

Banks Full Name: \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_

Banks Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Account: \_\_\_\_\_

I would like to have my water bill emailed to me \_\_\_\_\_

### For Office Use Only

Received by: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Entered information into computer ( double checked): \_\_\_\_\_