

RURAL WATER DISTRICT #14

**AUTHORIZATION AGREEMENT FOR
ELECTRONIC PAYMENT PLAN**

Phone No: _____ **RWD #14 Acct No.** _____

Name (on RWD bill) _____

Address _____

Name of Bank _____

Address of Bank _____

Type of Account: Checking _____ Savings _____

Name(s) (on Bank Account) _____

I authorize Rural Water District #14 (RWD #14) to begin monthly deductions for payment of my water bill and for the financial institution named to pay each amount from my checking or savings account for the date shown on my bill. I understand that I may cancel this authorization by notifying RWD #14 to remove my account from the Electronic Payment Plan and that RWD #14 will have thirty (30) days to change my billing. I understand that RWD #14 reserves the right to terminate my participation in the Electronic Payment Plan.

Date _____

Applicant

Applicant

Note: To ensure proper bank coding, attach a VOIDED blank check.
Please allow 4-6 weeks for implementation of auto bank draft.

This institution is an equal opportunity provider and employer.