

AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS

Checking Account Only

I/We authorize Rural Water District #4 – Franklin County to initiate debit entries to my/our account at

_____ Bank for the purpose of paying my water bill.

Amount, which may vary, will always be the total amount due for the current month's bill.

Effective Date: Payments generally draft the 15th of each month.

Your Bank Name _____ Bank Phone # _____

Bank Address _____

City _____ State _____ Zip Code _____

Routing Number _____ Account number _____

*******PLEASE ATTACH A VOIDED CHECK*******

I/We understand that this authorization will remain in effect until Rural Water District #4 – Franklin County has received written notification from either account owner of termination 10 days before the next transaction is to take place. RWD#4 reserves the right to terminate auto-draft option for benefit user due to insufficient funds and impose all penalties therein. This may include but is not limited to late fees, bank fees etc.

Name(s) Please Print _____

Benefit Unit # _____

Email _____

Phone Number:

Home _____ Work _____ Cell _____

Signature Date _____

Signature Date _____

*Please mail completed form to 1506 Old Highway 50, Williamsburg, Kansas 66095, or fax to 785-746-5529 or email to frcorwd4@yahoo.com