

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 _____ for the purpose of (Your Bank) accomplishing the following pre-authorized payments.

Company Name: Rural Water District #4 - Franklin County

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

Effective Date: Payments generally draft one business day prior to the 15th of each month.

Your Bank Name _____ Bank Phone # _____

Bank Address _____

City _____ State _____ Zip Code _____

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 ect.

Name(s)Please Print _____

Benefit Unit # _____

Email: _____

Phone Number:

Home: _____ Work: _____ Cell: _____

Signature Date _____

Signature Date _____

*Please return completed form to:
1506 Old Highway 50, Williamsburg, Kansas 66095