

Application for Automatic Payment (ACH) 10/13

Water Account # _____ Service Address: _____
Number: _____

EMAIL ADDRESS: _____

SIGN ME UP FOR EBILL ___ ONLY OR EBILL & PAPER BILL ___

I (we) hereby authorize Raytown Water Company to draft my (our) account referenced on the attached voided check on the **date** of the month specified below and for the amount stated on the monthly billing statement.

I (We) also understand and agree to the following:

- ▶ **I (We) understand that if there is a past due balance in addition to a current balance, both amounts will be drafted at the same time on the initial draft.**

This authorization form must be COMPLETED, SIGNED AND RETURNED with a **BLANK and VOIDED** check to:

**Raytown Water Company
Attn: Accounting Dept
9820 E. 63rd Street
Raytown, MO 64133**

A 30 (THIRTY) DAY WRITTEN NOTIFICATION IS REQUIRED IF I (WE) DECIDE TO DISCONTINUE DRAFTING OR CHANGE THE ACCOUNT FROM WHICH PAYMENTS ARE TO BE DRAFTED.

I (we) understand that the monthly payment amount may change and I (we) will be notified of the amount in advance and agree that Raytown Water Company may continue to draft my (our) account for the new amount.

I (We) may be terminated from this program if the draft is returned because my account has insufficient funds or is otherwise dishonored. I (We) will promptly send Raytown Water Company the payment amount plus late charges and any penalties assessed under my account.

A
T
T
A
C
H

V
O
I
D
E
D

C
H
E
C
K

_____	_____	_____
Bank Name	Name 1 on Water Account Print	Name 2 on Water Account Print
_____	_____	_____
Bank Telephone No	Signature	Signature
	Date	Date
_____	_____	_____
Bank Routing No.	Bank Account No.	Daytime Phone No.

Preferred draft date each month from Bank account is:
(CIRCLE ONE) Due Date of bill or 1st day or 5th day or 15th day or 25th day