

Date Rec’d:

Date Entered:

Initials:

Date Removed:

Initials:

P.O. Box 407 14530 N. Rt. U

Hallsville, MO 65255

(573) 696-3511

PWSD # 4 Service ID # \_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize Public Water Supply District No. 4 to charge my checking or savings account for the amount of my water bill. I further authorize the bank or financial institution to debit the same to such account. Payments are to be processed on the 12th of each month or the following business day.

**PLEASE PRINT**

Name(s):

Address:

City: State: Zip:

YOUR Telephone Number:

**Name of Bank or Financial Institution:**

City: State: Zip:

Bank Routing Number: Your Account#:

* ***All Names on bank account MUST sign this authorization!***

This authority is to remain in full force and affect until Public Water Supply District No. 4 has received written notification from me of its termination in such time and in such a manner as to afford Public Water Supply District No. 4 and financial institution a reasonable opportunity to act on it.

Signature: Date:

*Printed name:*

Signature: Date:

*Printed name*:

Please notify our office when any of the above information changes. Your payment WILL BE REJECTED if there is any informational discrepancy.

**Checking \_\_\_\_\_ Savings \_\_\_\_\_**