

Rural Water District No. 2

MIAMI COUNTY, KANSAS

ELECTRONIC PAYMENT AUTHORIZATION FORM

Providing quality water since 1965.

CONTACT/BILLING INFORMATION

Name: _____ Email: _____

Address: _____ Phone: _____

City, State, Zip: _____ Account Number: _____

PAYMENT PLAN

Recurring Payment Amount: Monthly Account Balance As Indicated on Monthly Stmt

There is NO surcharge fee for electronic payments.

Start Date: _____

BANKING INFORMATION

Method of Payment: CHECKING SAVINGS

Banking Information

Routing Number (9 digits) _____

Account Number _____

Bank Name _____

PAYMENT AUTHORIZATION

I authorize Rural Water District No. 2, Miami County, KS to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until the District receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford the District reasonable opportunity to act (min 30-days).

I understand that if indicated above the amount owed to the District, as shown on my monthly statement, will be debited from my account. I authorize this plan to continue until the plan is terminated by me as stated above.

I understand as indicated above the monthly account balance will be debited from my account each month. I understand that the amount, if less than the amount owed the District will not constitute payment of account in full and could result in termination of water service. I authorize this plan to continue until the plan is terminated by me as stated above.

All other changes such as payment amount, frequency, and bank account will require a new Electronic Payment Authorization Form to be filled out and submitted to Rural Water District No. 2, Miami County, KS 30 days prior to any change being implemented. I understand that this payment plan may be canceled by the District due to Non-Sufficient Funds (NSF). I understand that I will be liable to pay the NSF fees that will be charged by my bank. In the event that the District is charged an NSF fee by the bank or a revoke authorization fee, I understand that I will be liable to pay these fees with cash or money order directly to the District, that my account CAN NOT be debited for restitution of a NSF payment.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold the District and the bank harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Customer's Signature

Date