BANK DRAFT ELECTRONIC PAYMENT

SIMPLIFY YOUR LIFE! SAVE MONEY ON STAMPS! NO MORE WORRIES ABOUT LATE PAYMENTS!

It's easy to sign up:

Customer #:

Service Address:

Name:

- Complete and return the information below along with a **VOIDED CHECK** from **your checking account**.
- Your account will be debited on the 12th day of each month except for weekends, holidays, etc., at which time processing will take place on the next business day.
- Return completed form and voided check before the 12th of the current month to start this method of payment for the following month's billing.

AUTHORIZATION FOR BANK DRAFT (ELECTRONIC FUNDS TRANSFER)

Telephone Number:	
Cell Phone Number:	
Email Address:	
Your Bank Routing #:	
Your Bank Account #:	
Bank Name:	
There is NO cost to the customer, but due to the cost of the program to the Wat Board, NO BILLS MAILED. Customers can ONLY receive their bill in an e-mail for I understand any payment refused by my bank will be handled the same as an "in funds" check (NSF) and charged an overdraft fee of \$40.00. After two refused pa bank, the Bank Draft payment will be cancelled and my account will be put on "CA	nsufficient nyments by my
status for one year, from the date of second return. As I participate in the bank understand that I can only stop and restart the service once per 12-month period. this 12-month rule, I will NOT be allowed to use the service for a period of one year.	. If I violate
I understand and agree to terms and conditions of this service.	
Customer Signature:	
Date Signed:	