

Electronic Payment Authorization Form

Dear RWD #5 Customer:

We are pleased to offer electronic payment (ACH) for your monthly water bill.

In order to have RWD #5 **automatically** withdraw funds monthly from your bank account for your water bill, please complete the form below, sign it, attach a voided check, and return to us at:

Butler Rural Water District #5
P.O. Box 56
Benton, KS 67017

If you have any questions about this service, contact our office at (316) 778-1631.
Be sure to keep a copy of this form for your records.

CONTACT/BILLING INFORMATION

Customer's Name: _____ Account # _____
Address: _____ Daytime Phone: _____
City, State, Zip: _____ Fax: _____
Email: _____

PAYMENT PLAN

Current balance on bill: \$ _____ Start Date: ____/____/____
Same amount monthly \$ _____
OR
Authorize RWD #5 to draft exact amount of monthly bill due: ____yes ____no

Frequency of payment will be monthly.

BANKING INFORMATION

Method of Payment: CHECKING SAVINGS

Banking Information:

Name of Bank

Account Number

Address and Phone Number

Bank Routing Number (9 digits)

PAYMENT AUTHORIZATION

I **authorize** Vintage Bank Kansas on behalf of Butler Rural Water District to debit my account as identified above according to the terms stated here for water bill payments. I understand that my bank account will be debited on the **20th** of each month. If the 20th falls on a Saturday, Sunday or Holiday, funds will be drafted the next business day.

I understand that any changes other than email, phone or fax number, will require a new Electronic Payment Authorization Form to be filled out and submitted to RWD #5, 15-days prior to any change being implemented.

I understand that I can stop an automatic payment because of a dispute over the amount of the bill, or billing error, by calling our office at (316) 778-1631 at least 5 (five) workdays before the payment is scheduled to be posted to my bank account.

I understand this ACH Plan is the equivalent of a check drafted by me, and agree to abide by all RWD #5 Rules & Regulations as they apply to water bill payments. I also accept responsibility for paying any processing fees caused by insufficient funds in my account, and authorize RWD #5 to add such fees to my water account.

I reserve the right, and agree that RWD #5 also reserves the right, to terminate my participation in the ACH Plan at any time upon written notice mailed or delivered by me to RWD #5 at P.O. 56 or to me at my listed billing address.

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 RWD #5 and Vintage Bank Kansas harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Customer's Signature _____ Date _____

DON'T FORGET TO INCLUDE YOUR VOIDED CHECK.
Any open balance must be paid before the ACH Payment Plan can be established.
Please allow 4 weeks for your request to be processed.

PLEASE ATTACH A VOIDED CHECK HERE