



Platte 4

Water District

Public Water Supply District #4
229 Marshall Rd, PO Box 1940
Platte City, MO 64079
816-858-2782

Utility Customer Bank Account Drafting Application

I, the undersigned account holder, hereby authorize Platte 4 to debit my bank account each month for the amount due on my water bill. I understand that denial of the draft by my financial institution will constitute an NSF event and the water account will be subject to NSF fees, as well as service disconnection and reconnection fees. I verify that I am wholly responsible for any and all charges associated with this form of payment.

Print Name: _____

Signature: _____ Date: _____

CUSTOMER ACCOUNT INFORMATION

Account Name: _____

Service ID/Account # _____ Phone # _____

Service Address: _____

If interested in email billing please provide email address: _____

BANK ACCOUNT INFORMATION

Name on Bank Account: _____

Financial Institution: _____

Financial Institution Address: _____

Routing # _____ Account # _____

(Attach a voided check. Thank you.)