Rural Water District #8-Leavenworth, KS ***Electronic Payment Authorization Form***

Please return signed form to: RWD#8 P.O. Box 246 Leavenworth, KS 66048 ***DO NOT EMAIL FORM***

PAYOR INFORMATION	
Name	Phone:
Street Address	City, State, Zip
Service I. D. #	Email:

PAYMENT INFORMATION
_____Charge my Bank Account
Bank Name:
Name on Account:
Routing Number:
Account Number:

I authorize Rural Water Dist. #8-Leavenworth, KS to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until the balance is paid in full or Rural Water Dist. #8-Leavenworth, KS receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford Rural Water Dist. #8 Leavenworth, KS reasonable opportunity to act (minimum of 30 days).

I understand that if the total amount owed to Rural Water Dist. #8 Leavenworth, KS is increased, I authorize this plan to continue as long as the payment amount remains unchanged until this amount owed to Rural Water Dist. #8 Leavenworth, KS is paid off, or unless the plan is terminated earlier by me above. I understand any added amounts can be applied for with a new authorization form.

All other changes such as payment amount, frequency, and bank account or credit card numbers, will require a new Electronic Payment Authorization form to be filled out and submitted to Rural Water Dist. #8 Leavenworth, KS 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by Rural Water Dist. #8 Leavenworth, KS 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 Rural Water Dist. #8 Leavenworth, KS is charged an NSF fee by the bank or revoke authorization fee, I understand that I will be liable to pay these fees and authorize Rural Water Dist. #8 Leavenworth, KS to debit my account for these amounts.

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 Rural Water Dist. #8 Leavenworth KS, and the bank, harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Signature:	Date:

	Start Date:

Comments: