



### Direct Payment Plan Authorization

Customer name (please print as shown on bill) \_\_\_\_\_

Address \_\_\_\_\_

Account number \_\_\_\_\_

Daytime phone number \_\_\_\_\_

To participate, I \_\_\_\_\_ (account holder's name) authorize Central Boaz PSD to instruct my financial institution \_\_\_\_\_ (bank, savings & loan or credit union) to make my water and/or sewer bill payments from the following account on the last working day of each month.

Checking ( ) Savings ( ) **Please include a voided check with your application**

Account number \_\_\_\_\_

Routing number \_\_\_\_\_

Address and phone number of financial institution  
\_\_\_\_\_

Payments will be processed on the due date or before if the 30<sup>th</sup> falls on a weekend or holiday.

I understand that I am in full control of the automatic payment service. If at any time I decide to discontinue it, I will notify Central Boaz PSD. It could take up to 10 days for processing.

I understand this information will be used solely for the purpose of the Direct Payment Service.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date