



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
Claywood Park 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 20th 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 20th day of the month. If the 20th falls on a weekend
or holiday, payments will be processed the next business day.

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 Claywood Park 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