

Claywood Park Public Service District

DIRECT PAYMENT PLAN APPLICATION AUTHORIZATION

Name (please print as shown on bill) _____

Address _____ City _____

State _____ Zip _____

Water Account Number _____ Day Time 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 & 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.

Signature

Date