

Leavenworth Rural Water District No. 7

P. O. Box 257 2451 S. 142nd St.
Bonner Springs, KS 66012
Phone: (913) 441-1205

Electronic Payment Authorization Form

I _____ authorize **Leavenworth RWD No 7** to charge my credit card or bank account, as indicated below, for \$ _____ on the _____ of each _____ for payment of my bill.

Account (Benefit Unit No) _____

Service Address _____

Phone# _____

City, State, Zip _____

Email _____

Billing Address (if different from service) _____

Checking/Savings Account*

Checking Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____



Credit Card*

Visa MasterCard
 Amex Discover
Cardholder Name _____
Billing Address _____
Account Number _____
Exp. Date _____
CVC code _____

SIGNATURE _____

DATE _____

*For checking account payments, we require a voided check. Convenience fees = .85/checking acct payments and 3% for credit card payments.

I authorize Leavenworth Rural Water District #7 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 Leavenworth Rural Water District #7 receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford Leavenworth Rural Water District #7 reasonable opportunity to act (min 30-days)

I understand that if the total amount owed to Leavenworth Rural Water District #7 is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed to Leavenworth Rural Water District #7 is paid off, or unless the plan is terminated earlier by me as stated above. I understand any added amounts can be applied for with a new authorization form.

All other charges 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 Leavenworth Rural Water District #7 15-days prior to any change being implemented. I understand that this payment plan may be canceled by Leavenworth Rural Water District #7 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 Leavenworth Rural Water District #7 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 Leavenworth Rural Water District #7 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 Leavenworth Rural Water District #7 and the bank from damage, loss, or claim resulting from all authorized actions hereunder.