

Use the Autopay Authorization form for signing up for automatic payments from your bank account. We are partnering with First Oak Bank to offer automatic payments at no extra cost to you. If you want to sign up for automatic payments please fill out the Autopay Authorization form completely and mail it to:

Wilson County RWD 11
PO Box 386
Fredonia, KS 66736

The bank requires approximately 2 weeks between setting up a customer's account for automatic payments and the actual first transaction. You will still receive a bill as notification of the amount that will be withdrawn each month but you will not have to mail a check, it will be automatically withdrawn from your account. The bill will be marked "AUTOPAY".

In filling out the Autopay Authorization form, notice that it does require your "Individual ID Number". This is your Social Security Number and it is REQUIRED in order to set up ACH transfers. We are required by the government to check your name and ID against a list of frozen accounts as an anti-terrorism measure. Also don't forget to enclose a voided check from the account from which your payment will be made.

If you have not already paid your current month's water bill when you are returning your Autopay Authorization form, then your current bill will be paid automatically as soon as your automatic debit is set up. Due to the setup time required, this may be late in the month, depending on when I receive your form. There will not be a late fee charged and it will show paid on time in our system even if it comes out of your bank late in the month. After the first month's payment, your automatic debit will be pulled from your account on or around the 15th of the month depending on weekends or bank holidays.

The Autopay Authorization form is included below as the second page of this PDF.

Debit Authorization

I (we) hereby authorize Wilson County Rural Water District No. 11, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same account for _____.

(Printed Name)

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Account ___ Checking ___ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Printed Individual Name) (Signature)

(Print Individual ID number) (SSN) (Date)

(Phone)

Please attach copy of voided check to this form