

Leavenworth County Rural Water District No. 5
P.O. Box 287
Leavenworth, KS 66048
Phone-913-758-0488

SIGN UP NOW FOR AUTOMATIC PAYMENT AUTHORIZATION

- *A convenient and easy way to pay your water bill.
- *The payment of your monthly water bill is automatic, so you can save time, effort & postage.
- *Accurate and reliable.
- *You will continue to receive your monthly bill, so you will know the amount of your water bill, and how much your financial institution will automatically deduct from your checking or savings account.
- *The amount will be deducted from your account around the 15th day of each month.

SIGNING UP IS EASY AND FREE....

Complete the form on the back of this letter, attach a voided check, and bring it to the district office. Don't delay!! Sign up now!! Please contact the office if you have any questions.

For security of your financial information, please do not email, fax or mail your information. Please bring it to the office.

**COMPLETE THIS FORM, ATTACH A VOIDED CHECK AND BRING IT TO:
LEAVENWORTH COUNTY RURAL WATER DISTRICT NO. 5
19867 SPRINGDALE ROAD
LEAVENWORTH, KS 66048**

Leavenworth County Rural Water District No. 5

P.O. Box 287
Leavenworth, KS 66048
Phone-913-758-0488

**AUTHORIZATION FOR PREAUTHORIZED PAYMENTS
Checking or Savings Accounts Only**

RWD # 5 Meter/Account# _____

FULL NAME (Please print): _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBER-HOME: _____ CELL: _____

WORK: _____

FINANCIAL INSTITUTION NAME: _____

BANK ROUTING NUMBER: _____ BANK ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____

BANK ADDRESS: _____

BANK CITY/STATE/ZIP: _____

BANK PHONE# _____

BY SIGNING BELOW, I authorize Leavenworth County Rural Water District No. 5 (RWD#5) and the financial institution named here to initiate debit entries to my/our account, the amount of my monthly service bill (which may vary but will always be the total amount due for the current month's bill) on or around the 15th day of each month. I also authorize them to initiate, if necessary, credit entries and adjustments for any debit entries made in error.

This authority will remain in full force and effect until revoked by me, my financial institution or Leavenworth County RWD#5. To cancel this option, I must notify Leavenworth County RWD#5 in writing. I have a right to stop a deduction by notifying Leavenworth County RWD#5, in writing, at least ten (10) days before the next transaction is to take place.

Also, I agree that I remain obligated to pay for utility service in the event that a charge to my account is dishonored, for any reason, and Leavenworth County RWD#5 retains its normal collection rights. Leavenworth County RWD#5 reserves the right to terminate auto-draft option for benefit user due to insufficient funds and impose all penalties therein. This may include but is not limited to late fees, bank fees, etc.

I also understand that if on 3 or more occasions, my bank refuses to honor any automatic debit due to insufficient or uncollected funds, Leavenworth County RWD#5 has the right to inform me that it will no longer attempt to automatically debit my bank account for the amounts of my monthly bills. In that event, I will be required to pay for my monthly bills as they come due, by other means.

Signature

Date

Signature

Date

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