COLE COUNTY PWSD 4 7712 ROUTE M , JEFFERSON CITY, MO 65101

ACH Bank Draft Payments Sign-Up Form

OMER INFORMATION	
Name:	
Customer No:	
E-Mail Address:	
Phone No:	
CIAL INSTITUTION INFORMA	TION
Bank Name:	
Bank Routing/Transit No:	
Name on Accounts	
Account Type (circle one):	CHECKING / SAVINGS
Account No:	
	ve is correct, that I am an authorized at provided for ACH transactions, and tha ormation.
	4 to deduct my utility payments from fund Transfer. I understand sending a NTY PWSD 4 will revoke this
COLE COUNTY PWSD 4 reserves Transfers due to insufficient fund	the right to cancel Electronic Fund s without notice.
Print Authorized Name	
Authorized Signature	Date

TERMS OF AGREEMENT

I understand the draft will be presented to my financial institution approximately the 20th of the month, if the 20th falls on a weekend or holiday it will draft the next business day.

I understand that I will still continue to receive my water bill for record keeping purposes only; the bill will state "Paid By Bank Draft."

I understand that if I have any questions or concerns about the amount scheduled to be drafted I must contact the Water District immediately to discuss with appropriate District personnel.

I understand that my bank account information will be used for the sole purpose of my participation in the bank draft service and that Public Water Supply District No. 4 will keep this information confidential.

I understand that if this Automatic Draft Payment is not honored by my financial institution for any reason, my water service account will be assessed fees and service may be disconnected in accordance with the Water Districts returned check policy.

Signature			
C			
Date			