

Central Boaz 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 in Direct Payment Plan, I _____

(account holder's name) authorize Central Boaz 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 30th day of each month.:

Checking Savings

Account Number _____

Routing number _____

Address & Phone Number of Financial Institution _____

Payments will be processed on the 30th day of the month. If the 30th 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 Central Boaz 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