Rural Water District #8-Leavenworth, KS **Electronic Payment Authorization Form**

P.O. Box 246 OR email: rwd8lv@gmail.com

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| PAYOR INFORMATION |  |
| Name | Phone: |
| Street Address | City, State, Zip |
| Service I. D. # | Email: |

|  |  |
| --- | --- |
| PAYMENT INFORMATION |  |
| \_\_\_\_\_\_Charge my Bank Account | \_\_\_\_ Charge my Credit Card |
| Bank Name: | Card Type: Visa Mastercard Discover (circle one) |
| Name on Account: | Card Number: |
| Routing Number: | Expiration Date: \_\_\_\_\_/\_\_\_\_\_ |
| Account Number: | Billing Address (if different from above) |

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| I authorize Rural Water Dist. #8-Leavenworth, KS 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 Rural Water Dist. #8-Leavenworth, KS receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford Rural Water Dist. #8 Leavenworth, KS reasonable opportunity to act (minimum of 30 days).  I understand that if the total amount owed to Rural Water Dist. #8 Leavenworth, KS is increased, I authorize this plan to continue as long as the payment amount remains unchanged until this amount owed to Rural Water Dist. #8 Leavenworth, KS is paid off, or unless the plan is terminated earlier by me above. I understand any added amounts can be applied for with a new authorization form.  All other changes 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 Rural Water Dist. #8 Leavenworth, KS 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by Rural Water Dist. #8 Leavenworth, KS 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 Rural Water Dist. #8 Leavenworth, KS 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 Rural Water Dist. #8 Leavenworth, KS 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 Rural Water Dist. #8 Leavenworth KS, and the bank, harmless from damage, loss, or claim resulting from all authorized actions hereunder. | | |
| Signature: | Date: |

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| Specify: 1st of the month OR 15th of the month | Start Date: |

Comments:

Form 2019 Electronic Authorization 022019