

Patron:

The Enclosed Electronic Payment Authorization Form needs to be filled out Completely by you and returned to Water Office so we may put in your file. This form states that you give the Water District the authorization to debit your account (Checking/Savings or Debit/Credit Card) for your water bill payment.

Please fill out form and return with a voided check if paying by Checking/Savings account. If paying by Debit/Credit Card. Please make **sure all numbers are on form** and Name on card is exactly right. Any misprint – we can not process.

Please mail the form to the following address:

LVRWD #7
P O Box 257
Bonner Springs, KS 66012

Thank you for your help and understanding in this matter.

Sincerely,

Jalayne Turner
Office Manager

Electronic Payment Authorization Form

CONTACT/BILLING INFORMATION

Account (Benefit Unit) No. _____ Email: _____
Name: _____ Service Address: _____
Billing Address (if different from service): _____
City, State, Zip: _____ Phone: _____

BANKING INFORMATION

Method of Payment: Checking Savings Credit Card Debit Card

***** Need voided check if paying by checking/savings account. *****

Financial Institution Name _____ Branch/Address _____

Routing Number (digits) _____ Account Number _____

Name as appears on Checking/Savings Account _____

Credit Card Information:

Credit Card Number _____ CW Code _____ Expiration Date _____

Name as appears on Card _____

Date to be debited to Checking/Savings or Credit Card: _____

*** Convenience Charge: 3% on Credit Cards \$0.85 cents on Checking/Savings accounts ***

PAYMENT AUTHORIZATION

I authorize Modern Payment Technology, Inc., on behalf of Leavenworth Rural Water District #7 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 Leavenworth Rural Water District #7 receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford Leavenworth Rural Water District #7 reasonable opportunity to act (min 30-days)

I understand that if the total amount owed to Leavenworth Rural Water District #7 is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed to Leavenworth Rural Water District #7 is paid off, or unless the plan is terminated earlier by me as stated above. I understand any added amounts can be applied for with a new authorization form.

All other charges 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 Modern Payments Technology, Inc. on behalf of Leavenworth Rural Water District #7 15-days prior to any change being implemented. I understand that this payment plan may be canceled by Leavenworth Rural Water District #7 or Modern Payment Technology, Inc., 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 Leavenworth Rural Water District #7 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 Leavenworth Rural Water District #7 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 Leavenworth Rural Water District #7, the bank, and Modern Payment Technology, Inc. harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Customer's Signature

Date

