



# Platte 4

Water District

## Utility Customer Bank Account Drafting Application

Public Water Supply District #4  
229 Marshall Rd, PO Box 1940  
Platte City, MO 64079  
816-858-2782

I, the undersigned account holder, hereby authorize Platte 4 to debit my bank account each month for the amount due on my water bill. I understand that denial of the draft by my financial institution will constitute an NSF event and the water account will be subject to NSF fees, as well as service disconnection and reconnection fees. I verify that I am wholly responsible for any and all charges associated with this form of payment.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CUSTOMER ACCOUNT INFORMATION**

Account Name: \_\_\_\_\_

Service ID/Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Service Address: \_\_\_\_\_

**BANK ACCOUNT INFORMATION**

Name on Bank Account: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

(Attach a voided check. Thank you.)