

# PWSD #2 OF MONROE COUNTY, MISSOURI

23504 Hwy 24 Paris, MO 65275

Phone: 660-327-4778 Fax: 660-327-5905

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## CUSTOMER ACH DEBIT AGREEMENT

Water District Account#: \_\_\_\_\_

Spot#: \_\_\_\_\_ - \_\_\_\_\_

Name on Water Account: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Monroe County Water District to debit my bank account listed below for charges associated with actual or estimated (if actual reading is not available) gallons of water and/or sewer used as shown on monthly bill. Charges will be based on the current rate chart, and are subject to rate changes that may occur. I understand that my bank account will be debited on or near the due date shown on the bill.

Any questions or adjustments regarding amount due, must be made upon receipt of bill. Otherwise, bank account will be debited for the balance shown on bill, up to the maximum authorized (see below).

I understand that if my payment is rejected or denied, an \$18.00 returned check fee will apply. If payment becomes delinquent, normal late fees will be applied and regular disconnect policies will take effect as outlined in the User's Agreement. The district will attempt to notify me at the first phone number listed below, for which voice messaging is available.

If readings must be estimated, I understand that I am responsible for all water that passes through my meter, including any leaks, and that my account will be adjusted to reflect actual readings when district personnel obtain them or radio read signals.

*Customer Name  
on Bank Account:* \_\_\_\_\_

*Address:* \_\_\_\_\_  
\_\_\_\_\_

*Contact Phone #:* \_\_\_\_\_

\*Please provide number with voice messaging availability)

**\*It is my responsibility to notify the District in writing if any of this information changes.**

*Bank Account Holder's Signature:* \_\_\_\_\_

*IF Joint Account-*

*Co-Owner's Signature:* \_\_\_\_\_

*Maximum Amount of Authorized Debit:* \_\_\_\_\_ (Must be set at least 50% more than average water bill.)

Recommended maximum: \_\_\_\_\_

**Authorization effective date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yyyy) and continues until cancelled in writing.

**NOTE: Please pay bill by other method until notified that your draft has been activated. (April 2011 is the first billing period this service will be available.)**

**Debit Authorization**

I (we) hereby authorize **Monroe County Public Water District**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for **monthly payment of water bill**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_/\_\_\_\_\_  
(Routing Number) (Account Number) **Type of Acct:**  Checking  Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name) (Signature)

\_\_\_\_\_  
(Water Account Number) (Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**