

## **PWSD #2 OF MONROE COUNTY, MISSOURI**

23504 Highway 24 - Paris, MO 65275

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

pwsdcs@parismo.net

www.monroecountywater.myruralwater.com

## **AUTHORIZATION FOR DIRECT DEBIT**

		Date:
Water District Account#:		Spot#:
Customer Name	e:	
Address:		City:
State:	Zip code:	Phone #:
Maximum Amou	unt of Authorized Debit:	
E-Bills:	☐ No Email Addre	ss:
named below, here available) gallons of subject to rate char the bill. I (we) acknowledge law. Any questions of debited for the bala	einafter call FINANCIAL INSTITUTION f water and/or sewer used as shown and the may occur. I understand owned that may occur. I understand owned ge that the origination of AC or adjustments regarding amount	<u>District</u> to debit my bank account listed below and the financial institution N, for charges associated with actual or estimated (if actual reading is not in on monthly bill. Charges will be based on the current rate chart, and are that my bank account will be debited on or near the due date shown on It transactions to my (our) account must comply with the provisions of U.S. due, must be made upon receipt of bill. Otherwise, bank account will be num authorized (see above). Any balance over authorized maximum debit ext month's bill.
Financial Institu	tion Name:	
Address:		
City/State:		Zip code:
		<b>Type of Acct:</b> ☐ Checking ☐ Savings count Number
Routing N	iumber AC	ount number
Signature:		Date:

**PLEASE ATTACH VOIDED CHECK**