

**Public Water Supply District #1 of Lincoln County
3451 South Highway W
Winfield, Mo 63889
636-528-8919 fax 636-528-8910**

AUTOMATED PAYMENT INFORMATION

Public Water Supply Dist #1 of Lincoln County is now offering a bank draft program. The program is available to customers choosing to have their monthly bill automatically deducted from their bank account.

The program will save customers the cost of postage and checks, eliminate monthly check writing, and provide a record of payment on the customer's bank statement. Additionally, customers will continue to receive their monthly bill through the mail, as a method to inform the customer of their usage and charges.

For those customers interested in taking advantage of this benefit, please complete the AUTOMATED PAYMENT AUTHORIZATION FORM enclosed and return it to our office along with an UNSIGNED, VOIDED CHECK.

When the completed form is received, it may take PWSD #1 up to 2 months to initiate the program with the corresponding bank. During this time, payment is the customer's responsibility. Once the initiation is complete, the customer's bill will have "PD BY DRAFT" printed on the bill.

PWSD #1 will draft the payment for the bill from the bank account on the working day preceding the due date of the bill. The customer will continue to receive the monthly bill at the regular time.

Should a customer wish to discontinue participation in the Automated Payment Program, the customer must provide written notification of their wish to terminate the program to PWSD #1 office.

The District reserves the right to remove an account from the Automated Payment Program. Notification of removal will be mailed to the customer.

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AUTOMATED PAYMENT AUTHORIZATION FORM

I (we) hereby authorize Public Water Supply District #1 of Lincoln County, herein called District, to initiate debit entries to my (our) (*select one*)

[] checking account

[] savings account

indicated below and the depository named below, herein called Depository, to debit such account. I (we) understand that the District will debit the below listed account to collect amounts due for utility services. I (we) understand that a Not Sufficient Funds (NSF) fee may be charged, as allowed by the applicable law, if any item is returned for any reason.

Bank Name _____

City _____, State _____

Routing # _____ Bank Acct # _____

This authority is to remain in full force and effect until the District and Depository have received written notification from the person(s) listed below, of this termination in such time and in such manner as to afford the District and Depository to act.

Customer Name(s) _____

Service Address _____ Acc. # _____

Signature(s) _____ Date _____

_____ Date _____

Please Enclose a Voided Check with this form. Thank You