

Consolidated Public Water Supply District #1 of Schuyler Co

P.O. Box 295

Queen City Mo 63561

660-766-2497

A VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED FOR CHECKING OR
SAVING ACCOUNT VERIFICATION

I authorize CPWSD #1 of Schuyler Co to electronically debit funds from my account in the Financial Institution listed above. If funds are debited in error from my account, I authorize CPWSD #1 of Schuyler Co to initiate a correct credit entry.

This authorization will remain in effect until I cancel it in writing. I understand that the authorization may be rejected or discontinued by CPWSD #1 of Schuyler Co at any time. If any of information changes, it will be my responsibility to promptly complete a new authorization agreement.

Customer Signature: _____

Date: _____

Received by: _____

Date: _____

I would like to revoke my ACH Payment

Name: _____

Date: _____

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Customer Name (Last, First, Middle Initial) (Print)

Social Security Number:

Original Sign Up

Yes: _____ No: _____

Change Original Information

Yes: _____ No: _____

Customer Account # _____

Customer Phone # _____

Customer Email _____

Name of Financial Institution

Address _____

City _____

Zip Code _____

Type of Account (x)

Checking _____ Saving _____

Account #

Bank Routing Number

Auto Pay Date will be the 14th of every month

(If the 14th falls on a holiday or a weekend it will be drafted the following business day.)