

**AUTHORIZATION FOR
AUTOMATED BILL PAYMENT
FOR Washington County Rural Water District No. 1**

Return this form to: Washington County Rural Water District No. 1, P.O. Box 420 Ochelata, OK 74051

NAME: _____

(as is appears on your bill - PLEASE PRINT)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____

CUSTOMER ACCT #: _____

(as shown on your water bill)

FINANCIAL INSTITUTION: _____

CHECKING ACCT # _____

DATE YOU WISH SERVICE TO BEGIN: _____

Your authority will remain in full force and effect until revoked by you, your financial institution or WCRWD#1. This payment option is offered at no charge by WCRWD#1. To cancel this payment plan, contact WCRWD#1's business office.

IMPORTANT: Please return a **“voided”** check with this form to ensure accurate processing.

I authorized you to charge my checking account on the 20th each month in the amount of my monthly bill and to make that deduction payable to WCRWD#1.

DATE: _____ **SIGNATURE:** _____

(must be authorized signature on Bank Account)

PLEASE PRINT NAME: _____

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**“PLEASE WRITE VOID ACROSS YOUR CHECK
AND TAPE HERE”
(PLEASE TAPE, DO NOT STAPLE)**