

**RURAL WATER DISTRICT 3
BOX 85
ROSALIA, KANSAS 67132
620-476-2288
620-476-2299 fax
ruralwater3@yahoo.com**

AUTOMATIC BILL PAYMENT PLAN

The Automatic Bill Payment Plan conveniently pays your monthly water bill by charging to your checking or savings account.

ENROLLMENT IS EASY: Simply complete the authorization form below to sign up for the Automatic Bill Payment Plan. Each month the amount of your bill will be deducted from your account. Please allow 30 to 60 days for your Automatic Bill Payment Plan to become effective.

HOW THE AUTOMATIC BILL PAYMENT PLAN WORKS: We will mail you a statement before your water bill is due showing the exact amount that will be deducted from your account. Your bill will clearly state that it will be paid by automatic bank draft. If you have questions regarding your bill, you will have ample time to call us and resolve your concerns. No funds will be transferred from your account until your questions are answered. Payment information will also be shown on the regular statement you receive from your financial institution.

TERMS AND CONDITIONS OF AUTHORIZATION

- **Authorization** – Review, complete, and sign an Authorization Agreement. Each payment shall be the same as if it were an instrument signed by you. **NOTE:** to ensure accurate account information, please enclose a voided check on the account from which your water bill is to be paid.
- **Revocation** – This authority remains in effect until revoked by your financial institution, Butler County RWD #3, or You. You must notify Butler County RWD #3 to discontinue your automatic bill payment.
- **Stop Payment** – You have the right to stop payment of a charge by notifying your financial institution up to three (3) business days prior to the charging of your account.

BUTLER COUNTY RWD #3 AUTHORIZATION

This authorizes Butler County RWD #3 and my financial institution to automatically pay my monthly water bill out of my checking, savings, or NOW account. I agree to all the terms and condition of authorization.

Your Name _____ RWD Unit No. _____

Address _____

City _____ State _____ Zip _____ Phone _____

Bank Account # _____ Bank Name _____

Routing # _____

Bank Address _____

City _____ State _____ Zip _____ Checking _____ Savings _____
(Please select the type of account)

Withdraw Date : 10th of each month

Date _____ Signature _____

IMPORTANT: PLEASE ATTACH VOIDED CHECK