
Warren Water District – Direct Payment Authorization Form

We are pleased to offer you a new service – the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or savings account and, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town.
- Your payment is always on time – it helps maintain good credit.
- It saves postage – many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.
- No late charges

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. **Your payments will be made automatically on the 10th of every month.** And proof of payment will appear on both your bill as well as the statement you receive from your financial institution.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

All you need to do is:

1. Mark the box before the type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. **Attach a voided check for verification of all financial institution information.**
4. **Form must be returned with voided check by the 20th of the month** to be able to be deducted from your account on the 10th of the following month.

Note: Be sure to sign the form!

Please complete the information below.

Name on Warren Water Account: (Please print): _____

Warren Water Account Number: _____

I authorize Warren Water District to initiate electronic debit entries to my:
(Please check one of the following options)

_____ checking account or _____ savings account

for payment of my water bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date: _____

Financial Institution Name _____

Financial Institution City and State _____

Signature _____

Please drop off or mail completed form to:
Warren Water District
1204 E 2nd Ave.
Indianola, IA 50125