



# Rural Water District No. 1, Ellsworth Co., Kansas

103 N. Douglas Ellsworth, KS 67439 ♦ Phone (785) 472-4486 ♦ [www.postrockrwd.com](http://www.postrockrwd.com)



## Direct Payment (ACH Debits)

### PATRON CONTACT/BILLING INFORMATION

Name:

Email:

Address:

Phone:

City, State, Zip:

Account Number:

### PAYMENT PLAN

I understand that it is my responsibility to email [payments@postrockrwd.com](mailto:payments@postrockrwd.com) or call 785-472-4486 each month and provide the following information in lieu of returning my payment card:

- Account Number
- Meter Reading
- Payment Amount

This will assure both Post Rock Rural Water District and me of the amount to be debited from the account on file for me. All accounts will be debited on the 16<sup>th</sup> of each month. If I do not report the above information by the 16<sup>th</sup> of any month, I understand that the District will debit my account based on the amount due for the estimated volume usage for that month that is calculated by the District.

### BANKING INFORMATION

Method of Payment:

Checking

Savings

*(Please check one)*

Bank Name

Branch, if applicable

Bank Street Address

City

State

Zip

Routing Number (9 digits)

Account Number

### PAYMENT AUTHORIZATION

I authorize Post Rock Rural Water District to debit my account pursuant to the provisions set forth above. This Authorization shall remain in effect until the District receives written notification from me of my intent to terminate this Authorization.

I understand that as indicated above, the amount I owe to the District will vary depending on my water usage that I must report to the District on a monthly basis. If I do not report the above-named information by the 16<sup>th</sup> of any month, I authorize the District to debit my account based on the amount due for the estimated volume usage for that month that is calculated by the District.

I understand that if I wish to have the District debit a bank account other than the one named above, I must sign a new Authorization and submit it to the District. I understand that if the District attempts to debit my account and there are insufficient funds in my account to allow such a debit, then I will be liable to pay an insufficient funds fee of \$20.00. I understand that in that event, the District may cease any further attempts to debit my account as contemplated by this Authorization.

I represent that I am authorized to execute this Authorization and that the information set forth above is true and correct.

Customer's Signature

Date

**PLEASE ATTACH VOIDED CHECK AND RETURN TO OFFICE**