

Consolidated Rural Water Dist. No. 1
150 W 9th Street * PO Box 159
Auburn, KS 66402
Telephone: 785/256-2903
Office Hours: Monday-Friday, 8:00 am - 3:00 pm
Shawneeconrwd1.krwa.net

Dear Patron,

Attached is the **Automatic Payment Authorization** (ACH) form which is **OPTIONAL & FREE OF CHARGE** with Shawnee Consolidated Rural Water District No. 1 (CRWD #1).

Once you authorize Shawnee Cons. RWD No. 1 to initiate the **Automatic Bank Draft Payment Service** (ACH) your water bill payment will be **automatically deducted** from your bank **checking account** monthly, and your customer service account with Shawnee Cons. RWD No. 1 will be posted, "paid" each month. This transaction will also be posted on your monthly bank checking statement. You will continue to receive your monthly water billing statement indicating that payment will be made via auto pay and the amount to be drafted for your information. **Automatic Bank Draft Payment (auto pay)** eliminates the process of your sending/delivering a payment each month.

Please complete the Automatic Payment Authorization (ACH) form and list your customer Service ID # and service address of which you want to utilize this service. If you have more than one service account in which you want to utilize the auto pay service, you must complete an authorization form for each service account.

A **voided check** with your name and address, the bank ABA/routing number and your bank account number, printed on the check, must accompany your authorization form.

*****Please see the reverse side for more detailed information regarding the authorization for automatic bank draft payment.**

If you have any questions, please call the district office at 785/256-2903.

Thank you,

Shawnee Consolidated Rural Water District No. 1

SHAWNEE CONSOLIDATED RURAL WATER DISTRICT NO. 1

Automatic Payment Authorization (ACH)

I hereby authorize Shawnee Cons. RWD No. 1 to automatically debit my bank **checking account** for the amount of my monthly **water bill**. I understand my account will be electronically debited on or approximately, but not before the **10th** of each month. I understand that I must notify **Shawnee Cons. RWD No. 1 by at least the 6th of the month** if my banking information changes or if I wish to discontinue this automatic payment service. (A written notification will be requested for verification of discontinuance of service.)

I also understand that if my bank refuses to honor any automatic debit due to insufficient or uncollected funds, or if my account is closed or blocked/frozen, I will be required to make payment via other means and I may also be subject to additional dishonored check fees that **Shawnee Cons. RWD No. 1 and my bank** may charge.

In addition, I understand that Shawnee Cons. RWD No. 1 reserves the right to remove me from this service, at their discretion, for any reoccurring banking issues such as insufficient funds, account closed/frozen, etc. and will inform me that it will no longer attempt to automatically debit my bank checking account for the amounts of my monthly bills. In that event, I will be required to pay my monthly bills as they come due, by other payment methods such as check, cash, money order, cashier's check or credit/debit card.

Please attach a Voided Check or a form of verification from the Bank, verifying the account ownership and complete the information below.

SHAWNEE CONSOLIDATED RURAL WATER DISTRICT NO. 1
Automatic Payment Authorization (ACH)

TO: Shawnee Consolidated Rural Water District No. 1 (CRWD#1)
PO Box 159
Auburn, KS 66402-0159

I hereby authorize Shawnee Cons. RWD No. 1 to automatically debit my bank **checking account** for the amount of my monthly **water bill**. I understand my account will be electronically debited on or approximately, but not before the **10th** of each month. I understand that I must notify **Shawnee Cons. RWD No. 1** **by at least the 6th of the month** if my banking information changes or if I wish to discontinue this automatic payment service. (A written notification will be requested for verification of discontinuance of service.)

I also understand that if my bank refuses to honor any automatic debit due to insufficient or uncollected funds, or if my account is closed or blocked/frozen, I will be required to make payment via other means and I may also be subject to additional dishonored check fees that **Shawnee Cons. RWD No. 1 and my bank** may charge.

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Please attach a Voided Check or a form of verification from the Bank, verifying the account ownership and complete the information below.
(Please Print)

Bank Name	Bank Location
Transit/ABA/Routing Number	Checking Account Number
Customer Name	Telephone/Cell Phone Number
Service ID#/Account#	
Service Address	
E-mail Address:	E-Bill: YES NO

Signature	Date
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For Office Use Only

Bank # _____ Date Entered _____ Date Removed _____