

PUBLIC WATER SUPPLY DISTRICT NO. 6 OF CLAY COUNTY
PO BOX 227
1061 COUCHMAN DRIVE
KEARNEY, MO 64060-0227
(816) 628-3220 OFFICE • (816) 628-3229 FAX

AUTOMATED PAYMENT AUTHORIZATION FORM

I (we) hereby authorize Public Water Supply District #6 of Clay County, herein called District, to initiate debit entries to my (our) account indicated below and the bank named below, herein called Depository, to debit such account. I (we) understand that the District will debit the below listed account to collect amounts due for water utility services. I (we) understand that a Not Sufficient Funds (NSF) fee may be charged to your account, as allowed by the applicable law, if any item is returned for any reason. Please select appropriate account type below.

{ } Checking Account

{ } Savings Account

Bank Name _____

City _____, State _____

Routing # _____ Bank Account # _____

This authority is to remain in full force and effect until District and Depository have received written notification from the person(s) listed below of this termination in such time and in such manner as to afford District and Depository to act.

Customer Name(s) _____

Service Address _____

_____, Missouri

Phone Number _____

Customer Driver's License # _____

Water Account # _____

Signature(s) _____ Date _____

Signature(s) _____ Date _____

*****Please enclose a VOIDED CHECK with this form.*****
Accounts will be debited on the 15th of each month, unless the 15th falls on a
holiday or weekend, then it will be the following business day.
Thank You!!