PUBLIC WATER SUPPLY DISTRICT NO. 1 OF PUTNAM COUNTY

28421 US HWY 136 • UNIONVILLE, MISSOURI 63565 • (660) 947-3616

Automated Clearing House (ACH) Authorization Form

PERSONAL INFORMATION	
ACCOUNT NO:	
ACCOUNT NAME:	
SERVICE ADDRESS:	
CITY/STATE/ZIP:	
PHONE NO.:	
BANKING INFORMATION	
BANK NAME:	
BANK ADDRESS:	
BANK CITY/STATE/ZIP:	
BANK PHONE NO.:	
TYPE OF ACCOUNT	☐ CHECKING ☐ SAVINGS
ROUTING NO.:	
BANK ACCOUNT NO.:	

AGREEMENT

I (we) _____ hereby authorize Public Water Supply District #1 of Putnam Co. to automatically deduct the amount of my monthly water bill from my checking/savings account named above on the 10th of the month. I (we) acknowledge that the ACH agreement will remain in effect until I (we) have cancelled in writing. Written notification must be received five working days before the next billing cycle. If notification is received after that date, enrollment will be cancelled on the next billing month. I (we) understand that ACH withdrawals will be terminated if payment is returned insufficient funds and $15.00 will be charged to my account. I (we) understand that the enrollment process may take up to four weeks to complete.

Signature of Applicant: _____ Date: _____