

***SUBMIT BY THE 20th OF EACH MONTH

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS
JEFFERSON CITY WATER DEPARTMENT

NAME(S) OF ACCOUNT HOLDER _____

CUSTOMER ACCOUNT NUMBER _____

PHONE # _____

DATE _____

I (we) hereby authorize the Jefferson City Water Department, hereinafter called CITY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

BANK NAME _____

CITY _____

STATE _____

ZIP _____

TRANSIT/ABA # _____

ACCT. # _____

This authority is to remain in full force and effect until CITY and DEPOSITORY have each received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it. I (we) will receive prior written notice of the amount to be debited to my (our) account which will allow me (or either of us) to stop payment of the debit entry by notifying the DEPOSITORY at least 3 days prior to the date the account is to be charged. I (we) will send written notice of an erroneous charge to the account to the DEPOSITORY within 15 days of the issuance of the account statement or 45 days after the account was charge, whichever occurs first.

SIGNATURE _____

(As it appears on your check)

SIGNATURE _____

(As it appears on your check)