



Date Rec'd: _____
Date Entered: _____
Initials: _____
Date Removed: _____
Initials: _____

P.O. Box 407 14530 N. Rt. U
Hallsville, MO 65255
(573) 696-3511

PWS D # 4 Service ID # _____

I hereby authorize Public Water Supply District No. 4 to charge my checking or savings account for the amount of my water bill. I further authorize the bank or financial institution to debit the same to such account. Payments are to be processed on the 12th of each month or the following business day.

PLEASE PRINT

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

YOUR Telephone Number: _____

Name of Bank or Financial Institution: _____

City: _____ State: _____ Zip: _____

Bank Routing Number: _____ Your Account#: _____

✓ **All Names on bank account MUST sign this authorization!**

This authority is to remain in full force and affect until Public Water Supply District No. 4 has received written notification from me of its termination in such time and in such a manner as to afford Public Water Supply District No. 4 and financial institution a reasonable opportunity to act on it.

Signature: _____ Date: _____

Printed name: _____

Signature: _____ Date: _____

Printed name: _____

Please notify our office when any of the above information changes. Your payment WILL BE REJECTED if there is any informational discrepancy.

Checking _____ Savings _____