Authorization Form to Pay Water Bill

Name
Phone
Address
City/State/Zip
Water Account #
Financial Institution
City/State of Financial Institution

Check which account to draft:
☐ Checking Account #
☐ Savings Account #

Signature
I authorize you to pay and to charge my checking/savings account each month the amount of my water bill and to make that payable to the City of Junction City. In signing this authorization, I am agreeing to all the terms stated below.

TERMS AND CONDITIONS

I hereby authorize the Financial Institution named above to pay my water bill by charging each monthly payment to my account. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by notifying the Water Department five business days prior to the due date on my bill. I understand, however, that both financial institution and the City of Junction City Water Department reserve the right to terminate this payment plan (or my participation therein). A returned item fee of $30.00 will be charged for all Non-Sufficient Funds, Stopped Payment, or Closed Account if applicable.

CITY OF JUNCTION CITY

PO Box 287
Junction City, KS 66441
Tel: 785-238-3103

Date of first draft:
What is the Automatic Payment Plan?

In case again for one year.
- the plan you cannot utilize the ser-
- you elect to remove yourself from
- to the bill being processed. Once
- you notify us in writing 5 days prior
- To cancel the plan we require this

...the plan?

What if I want to stop

...can fix the problem
- the bill being processed, so that we
- ask that you notify us 5 days prior to
- there is a problem with the bill we

...Illustrate problem with my

What if I have a

-checking or savings account.
- check or deposit slip from your
- bank account. You won't have to work
- by about deducted, lost, or late pay.