

ACCOUNT # _____
SEQUENCE # _____

Ketchum Public Works Authority
PO Box 958
Ketchum, OK 74349
918-782-2123
FAX 918-782-2690

Agreement for automatic bank draft payment

I hereby request and authorize Ketchum PWA to initiate automatic bank drafts from my checking account to make monthly payments on my water bills.

I hereby acknowledge that (if this is a joint account) each of us will be jointly and individually responsible for our obligations under this agreement. Notice to one of us will be considered to be notice to the both of us.

I hereby acknowledge that a fee of \$50.00 will be applied to my account for any payments that are not honored by my bank. (If your bank does not honor the payment, the payment will be reversed for your KPWA account and you will need to send a replacement payment).

I hereby acknowledge that payments will be automatically withdrawn from my checking account on the 16th day of each month. (If the scheduled due date falls on a Saturday, Sunday or Monday is a holiday, payments will be withdrawn the Friday before).

I hereby acknowledge that this will be a continual withdrawal from my checking account. I understand that if I do stop and restart the withdrawals with KPWA I will be charged a \$10.00 processing fee.

I hereby acknowledge that I can terminate the withdrawals by giving KPWA written notice at least 10 business days prior to the next scheduled payment date. (When you mail written notice you will be responsible to show proof of receipt of the notice by KPWA).

I hereby acknowledge that I will notify in writing KPWA of any change to my address or phone number/numbers.

I hereby acknowledge that if I change financial institutions, I will contact KPWA in writing 10 business days before the next scheduled payment date. (KPWA must have voided check with new financial institution information on file).

I hereby acknowledge that in the event of a water leak, full payment will be withdrawn from my checking account. I understand it is my responsibility to watch and check for leaks. I understand it is also my responsibility to fix them in a timely manner.

I hereby acknowledge that withdrawals will not start until I return this agreement back to KPWA with a voided check. (Deposit slips will not be accepted).

CUSTOMER SIGNATURE: _____

DATE _____

DATE _____

KPWA ACC # _____

SEQ # _____

CUSTOMER NAME: _____

MAILING ADDRESS: _____

PHONE # _____

BANK NAME _____

BANK ADDRESS _____

BANK ROUTING # _____

CHECKING ACCT # _____

ATTACH VOIDED CHECK BELOW