

**CONSOLIDATED PUBLIC WATER SUPPLY DISTRICT NO. 2  
Of Lafayette, Johnson and Saline Counties**

**Automatic Bank Draft**

**HERE'S HOW IT WORKS -**

You will receive your monthly water bill from C-PWSD # 2 showing your current meter reading, previous meter reading, and gallons used during the billing period. You certify that the information below is correct, that you are an authorized signer or designate of the account provided for credit card transactions, and that you are authorized to provide this information. I certify that the information above is correct, that I am an authorized signer or designate of the account provided for credit card transactions, and that I am authorized to provide this information. You will have until the 14<sup>th</sup> day of the month to review your statement and call us with any questions or to update/change your card information. Once you're enrolled, it is your responsibility to notify the District if there are any changes to your payment information. If the transaction is rejected during the monthly processing of any transaction, you understand a \$25.00 return fee will be applied to your location(s). The district, as a courtesy, will attempt to notify you of the declined payment by mail or email. Failure to receive the notification does not negate any fees. Payments declined will be given 10 days to bring the account current via cash, debit, or credit card payment. If payment is not received, service will be discontinued, and a \$100.00 shut-off fee shall be paid and the account brought to a zero balance before service is restored.

**IT'S EASY TO SIGN UP -**

Simply fill out the application below, sign and return it to us. To have your monthly charges deducted directly from your bank account or savings account, please be sure to **include a blank, voided personal check or withdrawal slip from your designated account for verification**. Once you're enrolled, be sure to notify us if there are any changes to your bank or savings account.

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**YES**, I wish to sign up for Automatic Bill Payment.

Date: \_\_\_\_\_ Water District Account # \_\_\_\_\_

(Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Account No. \_\_\_\_\_ Routing No. \_\_\_\_\_

I hereby agree that I have read fully and understand the terms and conditions and authorize C-PWSD # 2 to initiate debit entries and authorize the depository indicated to debit the account listed. This authorization shall remain in full force and effete until C-PWSD # 2 or the depository has received in writing notice from me of the authorization termination within such time and manner as to afford C-PWSD # 2 or depository opportunity to act on it.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**(Your application cannot be processed without your SIGNATURE and a VOIDED CHECK.)**