

Consolidated Water District #1, LV CO

Automatic Payment Authorization

TO

Consolidated Water Dist. #1
15520 Crestwood Drive
PO Box 419
Basehor, KS 66007

I authorize **Consolidated Water Dist. #1** to automatically debit my bank account for the amount of my monthly **water bill**. I understand my account will be electronically debited on or approximately the **15th** of each month. I understand that I must notify **Consolidated Water Dist. #1** at least **30 days** prior to this date if my banking information changes or if I wish to discontinue this automatic payment service.

I also understand that if my bank refuses to honor any automatic debit due to insufficient or uncollected funds, or if my account is closed, I will be required to make payment via other means and I may also be subject to additional dishonored check fees that **Consolidated Water Dist. #1** and my bank may charge.

In addition, I understand that if, on **3 or more occasions**, my bank refuses to honor any automatic debit due to insufficient or uncollected funds, **Consolidated Water Dist. #1** has the right to inform me that it will no longer attempt to automatically debit my bank account for the amounts of my monthly bills. In that event, I will be required to pay for my monthly bills as they come due, by other means.

ACCOUNT # _____

Name

Address, City, State and Zip

Telephone Number

Signature

Date

Attach a voided check here.

