

# AUTOMATED PAYMENT AUTHORIZATION FORM

HENRY COUNTY WATER COMPANY/HENRY COUNTY PWSD#3  
313 S. WASHINGTON ST., CLINTON, MO 64735

Phone Number 660-885-2157

Fax Number 660-885-2369

I (we) hereby authorize the Henry County Water/PWSD #3, herein called Company, to initiate debit entries to my (our) (*select one*)

checking account     savings account

indicated below and the depository named below, herein called Depository, to debit such account. I (we) understand that the Company will debit the below listed account to collect amounts due for water and sewer utility services. I (we) understand that a Not Sufficient Funds (NSF) fee may be charged, as allowed by the applicable law, if any item is returned for any reason.

Depository(bank)Name \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_

Transit ABA # \_\_\_\_\_ Bank Acct # \_\_\_\_\_

This authority is to remain in full force and effect until Company and Depository have received written notification from the person(s) listed below, of this termination in such time and in such manner as to afford Company and Depository to act.

Customer Name(s) \_\_\_\_\_

Service Address \_\_\_\_\_, Clinton, Missouri

Customer Drivers License #(s) \_\_\_\_\_  
\_\_\_\_\_

Utility Account # \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

***Please enclose a VOIDED CHECK with this form. Thank You.***