

Clay Rural Water System

Please print this form, attach a voided check and mail to the water system office.

ACH Direct Payment Authorization

I authorize Clay Rural Water System, Inc. to initiate electronic debit entries to my: checking account or savings account in the amount of my water bill. This authority will remain in effect until I have cancelled it in writing. I can stop payment of any entry by notifying Clay Rural Water System. My account will be charged the amount due on my water bill on approximately the 5th of each month for self-read meters and the 20th for system-read meters.

Staple Voided Check Here

Date: _____

Financial Institution Name: _____

Account Number at Financial Institution: _____

Account Type: checking account or savings account

Financial Institution/Transit Number: _____

Financial Institution City and State: _____

Email address: _____

Signature: _____

Printed Name: _____