



**PUBLIC WATER SUPPLY DISTRICT NO. 1
OF CAPE GIRARDEAU COUNTY & PERRY COUNTY, MO.**

6386 US HWY 61, Jackson, MO 63755
ACH Bank Draft Payment Sign-up Form

CUSTOMER INFORMATION

Name: _____

Account No: _____

E-mail Address: _____

Phone No: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Routing/Transit No: _____

Name on Account: _____

Account Type (circle one): **CHECKING** **SAVINGS**

Account No: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Public Water Supply District #1 to deduct my utility payments for this bank account via Electronic Fund Transfer. I understand sending a written notification to Public Water Supply District #1 will revoke this authorization.

Public Water Supply District #1 reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice

Print Authorized Name

Authorized Signature

Date