



AUTOMATIC PAYMENT PLAN

NAME (AS SHOWN ON YOUR WATER BILL) _____

ACCOUNT # _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE/CELL # _____

WORK # _____

FINANCIAL INSTITUTION NAME _____

CHECKING ACCOUNT TO BE CHARGED (PLEASE ATTACH VOIDED CHECK)

I HEREBY AUTHORIZE THE CITY OF COUNCIL GROVE, KANSAS TO DEDUCT MY MONTHLY WATER BILL FROM THE ACCOUNT IDENTIFIED ABOVE. I UNDERSTAND THAT MY AUTOMATIC PAYMENT WILL BE DEDUCTED THE 5TH OF EACH MONTH. I HAVE THE RIGHT TO STOP PAYMENT OF A CHARGE BY TIMELY NOTIFICATION OF AT LEAST 30 DAYS TO THE CITY OF COUNCIL GROVE. I UNDERSTAND, HOWEVER THAT BOTH THE FINANCIAL INSTITUTION AND THE CITY OF COUNCIL GROVE RESERVE THE RIGHT TO TERMINATE THE PAYMENT PLAN OR MY PARTICIPATION THEREIN.

SIGNATURE _____ **DATE** _____