

# Butler County Rural Water District No 4

PO Box 247 • Towanda, KS 67144

ButlerCountyRWD4@gmail.com

316-775-5088 (call/text)

## Recurring Payment Authorization Form

***Sign up to have your water bill automatically deducted from your bank account on the 15<sup>th</sup> of each month! Just complete, sign and return this form to get started!***

### **Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges
- You will still receive your monthly bill in the mail, detailing the amount of the draft

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### **Please complete the information below:**

I \_\_\_\_\_ authorize Butler County Rural Water District No 4 to charge my  
(full name)

bank account indicated below on the 15<sup>th</sup> of each month for payment of my water bill.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Water Acct#(s) \_\_\_\_\_

## **ATTACH VOIDED CHECK HERE OR ENTER INFORMATION BELOW**

Bank Name:

Routing Number:

Account Number:

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Butler Co RWD #4 in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Butler Co RWD #4 may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

*This is a free service we are offering our customers. Please contact me if you have any questions!  
Thank you! - Katy Wohlgemuth*