Wagoner County Rural Water District #4
9816 s 239th East Avenue
Broken Arrow, OK 74014-3337

918-258-2331 Fax 918-251-5206

Authorization to pay water and sewer bill

Name_____ Customer acct #_____

Phone Number _____ Secondary Phone Number _____

Service Address _____

City _____ State_____ Zip _____

Mailing address (if different from service address) _____

City _____ State _____ Zip _____

I (we) herby authorize Wagoner County Rural Water District #4, Hereinafter called COMPANY, to initiate debit entries to my (our) Checking or Savings account at the depository financial institution listed on attached voided check or letterhead form, hereafter called the DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Bank info:
Routing number _____ Account number _____

Signature _____ Date _____

********** Office use only below this line**********

Account # _____ Benefit # _____

Collectors' initials _____