

Rural Water District No. 6
MAYES COUNTY
9165 N. 440
Big Cabin OK 74332-8133
(918) 785-2950

AGREEMENT FOR AUTOMATIC BANK DRAFT PAYMENTS

I hereby request and authorize Rural Water District No. 6, Mayes County, to initiate automatic bank drafts from my checking account to make monthly payments on my water bills.

I hereby acknowledge that (if this is a joint account) each of us will be jointly and individually responsible for our obligations under this agreement. Notice to one of us will be considered to be notice to the both of us.

I hereby acknowledge that a fee of \$30.00 will be applied to my account for any payments that are not honored by my bank. (If your bank does not honor the payment, the payment will be reversed from your Rural Water District #6 account and you will need to send a replacement payment).

I hereby acknowledge that payments will be automatically withdrawn from my checking account on the 10th day of each month. (If the scheduled due date falls on a Saturday, Sunday or Monday is a holiday, payments will be withdrawn the Friday before).

I hereby acknowledge that this will be a continual withdrawal from my checking account. I understand that if I do stop and re start the withdrawals with Rural Water District #6, Mayes County, I will be charged a \$10.00 processing fee.

I hereby acknowledge that I can terminate the withdrawals by giving Rural Water District #6, Mayes County written notice at least 10 business days prior to the next scheduled payment date.

I hereby acknowledge that I will notify Rural Water District #6, Mayes County of any change to my address or phone number/numbers.

I hereby acknowledge that if I change financial institutions, I will contact Rural Water District #6, Mayes County 10 business days before the next scheduled payment date.

I hereby acknowledge that in the event of a water leak, full payment will be withdrawn from my checking account. I understand it is my responsibility to watch and check for leaks. I understand it is also my responsibility to fix them in a timely manner.

I hereby acknowledge that withdrawals will not start until I return this agreement back to Rural Water District #6, Mayes County.

Date

Bank Name

Bank Address

Bank Routing #

Checking Acct #

Tap No. _____

Customer Signature

Customer Signature

Name _____

Mailing address

City, State, Zip

Phone # _____

ATTACH VOIDED CHECK BELOW