

**AUTHORIZATION FOR
AUTOMATED BILL PAYMENT
FOR Elm Bend Water District, Inc.**

Return this form to: Elm Bend Water District, Inc. P.O. Box 420 Ochelata, OK 74051

NAME: _____
(as is appears on your bill - PLEASE PRINT)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____

CUSTOMER ACCT #: _____
(as shown on your water bill)

FINANCIAL INSTITUTION: _____

CHECKING ACCT # _____

DATE YOU WISH SERVICE TO BEGIN: _____

Your authority will remain in full force and effect until revoked by you, your financial institution or Elm Bend Water District. This payment option is offered at no charge by Elm Bend Water District, Inc. To cancel this payment plan, contact Elm Bend Water District, Inc.'s business office.

IMPORTANT: Please return a **“voided”** check with this form to ensure accurate processing.

I authorized you to charge my checking account on the last working day each month in the amount of my monthly bill and to make that deduction payable to Elm Bend Water District, Inc.

DATE: _____ **SIGNATURE:** _____
(must be authorized signature on Bank Account)

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**“PLEASE WRITE VOID ACROSS YOUR CHECK
AND TAPE HERE”
(PLEASE TAPE, DO NOT STAPLE)**