

**AUTHORIZATION FOR
AUTOMATED BILL PAYMENT
FOR Osage County Rural Water District No. 1**

Return this form to: Osage County Rural Water District No. 1, P.O. Box 420 Ochelata, OK 74051

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

ADDRESS: _____

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

CUSTOMER ACCT #: #50135 & #50136
(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 OCRWD#1. This payment option is offered at no charge by OCRWD#1. To cancel this payment plan, contact OCRWD#1'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 20th each month in the amount of my monthly bill and to make that deduction payable to OCRWD#1.

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)**