

**AUTHORIZATION FOR  
AUTOMATED BILL PAYMENT  
FOR Washington County Rural Water District No. 2**

Return this form to: Washington County Rural Water District No. 2, P.O. Box 420 Ochelata, OK 74051

**NAME:** \_\_\_\_\_

(as is appears on your bill - PLEASE PRINT)

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CUSTOMER ACCT #:** 40648

(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 WCRWD#2. This payment option is offered at no charge by WCRWD#2. To cancel this payment plan, contact WCRWD#2'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 WCRWD#2.

**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)**