

RURAL WATER DISTRICT NO.5 WASHINGTON COUNTY, OK

P.O. Box 420 Ochelata, OK 74051 Phone: 918-535-2302 800-448-3264 FAX: 918-535-2981

July 23, 2010

In an effort to better serve our customers, we will be offering automated direct payments to Washington County Rural Water District No.5 customers. If you would like to have your WCRWD#5 bill automatically deducted from your account each month, please complete the enclosed form and return it to our office. The deduction from your account will begin 30-60 days after your form is returned to our office. Please continue to pay your bill as usual until your bill reflects a "DO NOT PAY MESSAGE".

Please fill in all of the blank spaces and attach a voided blank check on the enclosed form. The information provided on the form is strictly for our use and will remain confidential.

If you have any questions or need assistance please call our office at 918-535-2302.

(please maintain for your records)

On _____, I authorized WCRWD#5 and _____
(Date) (Name of Financial Institution)

to deduct from my account on the 20th of each month, the amount of my monthly service bill.

I have the right to stop an Automatic Bill Payment Deduction by notifying WCRWD#5 at least 10 days prior to effective date.

**AUTHORIZATION FOR
AUTOMATED BILL PAYMENT
FOR Washington County Rural Water District No. 5**

Return this form to: Washington County Rural Water District No. 5, 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 WCRWD#5. This payment option is offered at no charge by WCRWD#5. To cancel this payment plan, contact WCRWD#5'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 31st each month in the amount of my monthly bill and to make that deduction payable to WCRWD#5.

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)**