

Electronic Withdrawal Permission Slip

Date: _____

Name: _____

Phone Number: _____

Address: _____

CCWD Account Number: _____ - _____ - _____

Banking Information:

Bank Name: _____

Bank Account Number: _____

Bank Routing Number: _____

As of the date above, I, the undersigned, give Christian County Water District permission to remove from my checking account the payment of the monthly water bill through electronic withdrawal. I am submitting a voided personal check or writing my information on the form to initiate this procedure.

I understand that one billing period is necessary for the bank to prenote my draft information. My first payment will be drafted from my account on _____.

All bills that are due before this date must be paid manually.

Signature: _____

Witness: _____

