

Public Water Supply District No. 9  
25902 S Southwood Road  
Harrisonville, MO 64701  
816-380-7490, Fax: 816-380-4464  
Email: pwsd9@casscountypwsd9.com  
Website: www.casscountypwsd9.com

**FREE AUTOMATIC DEBIT:**

PWSD NO 9 is pleased to offer you FREE AUTOMATIC DEBIT as a payment option. Now you can have your water bill paid automatically from your checking or savings account on the DUE DATE (the 10<sup>th</sup> of each month).

The AUTOMATIC DEBIT plan can help you in several ways:

- ◆ No fees
- ◆ No postage
- ◆ No late charges
- ◆ No checks to write
- ◆ Easy to sign up, easy to cancel
- ◆ Bill is paid on time, even if you are out of town or just forget

Here is how AUTOMATIC DEBIT works:

You may authorize monthly payments to be made from your checking or savings account. Your payments will be made automatically on the due date specified on your water bill. Proof of payment will appear on your bank statement.

You will still receive a monthly water bill each month to advise you of the amount of your payment.

To take advantage of this free service, complete the attached authorization form and return it to us along with a voided check from your bank account.

Authorization for Automatic Debit Payment

I authorize Public Water Supply District No. 9 to initiate debits from my checking/savings account. This authority will remain in effect until I notify PWSD No. 9 in writing to cancel, at least three banking days prior to the debit date. The regular payment date is the 10<sup>th</sup> of each month. Should the 10<sup>th</sup> fall on a non-business day, the debit will be made on the next regular banking day. Any AUTOMATIC DEBIT not cleared by the financial institution for any reason, shall be handled as a returned check and subject to all pertaining fees. **Please remember to contact us if you change accounts.**

X \_\_\_\_\_ X \_\_\_\_\_ # \_\_\_\_\_  
(Signature) (Date) (PWSD No.9 Service ID #)

\_\_\_\_\_  
(Name on Bank Account: Please Print) (Name on PWSD account, if different than bank account)

\_\_\_\_\_  
(Your Address-Please Print) (City) (State) (Zip)

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(City) (State) (Zip Code)

Checking Account No. \_\_\_\_\_ or Savings Account No. \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_  
(between these symbols |: |: on the bottom left of your check)

**Please include a voided check.**