

Southwest Allen Parish Water District #2

P.O. Box 247 ~ Kinder, La 70648
337.738.5621

Direct Payment Plan Authorization

We are pleased to offer you a new service – the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write.
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town.
- It saves postage
- No late charges.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking/savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day and proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

All you need to do is complete the form on page 2:

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. **Attach a voided check for verification of all financial institution information** and fill in your account number and routing number. If you are unable to attach the voided check, you may attach a letter from your institution with the account information.
4. **Fill in your Utility services account number and the physical address** where the services are rendered.
5. **Please put your contact number on the form where applicable.**

AUTHORIZATION FOR DIRECT PAYMENT

I authorize **SOUTHWEST ALLEN PARISH WATER DISTRICT #2** to initiate electronic debit entries to my:

_____ **CHECKING ACCOUNT**

_____ **SAVINGS ACCOUNT**

for payment of my Utility bill. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date: _____

Financial Institution Name (**Please Print**): _____

Financial Institution **Account Number:** _____

Financial Institution **Routing Number:** _____

Financial Institution Address, City and State: _____

Water Account Number: _____

Physical Address where services are rendered:

Account Holder Name: _____

Phone Number: _____

Signature: _____

NOTE: Be sure to sign the form, if not signed then the authorization is voided.

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS.