AUTHORIZATION FORM
DIRECT DEBIT OF ACCOUNT

Name: _____ _____ _____ SSN#: (Optional) _____
Last First Middle

Primary Phone Number: _____ Secondary Phone Number: _____

Service Address: _____

Email Address: _____ JCW Account #: _____

Please check an option below (select only one):

☐ Automatic Debit - recurring debit from checking account. **Please complete and sign this form, attach a voided check for the account you wish to debit and return to the address listed below. Phone number is required.**

☐ Change of accounts and/or financial institution. **Please complete and sign this form, attach a voided check for the account you wish to debit and return to the address listed below. Phone number is required.**

☐ Cancel participation. **Please complete and sign this form, for the account you wish to remove from participation and return to the address listed below. Phone number is required.**

Select Primary Account:

Checking Account # _____ Routing (ABA) #_____

Your routing and checking account numbers appear at the bottom of your check. To assure accuracy, please attach a voided check. If you have trouble locating these numbers, please contact your banking institution for assistance.

The amount due on your wastewater statement is automatically deducted from your banking account for each billing period, unless written authorization is received canceling recurring debit. JCW will notify you of any changes to the rate and/or AWWU.

**** Please allow up to four weeks for your request to be processed. You are responsible for payment until this direct deposit service is established****

Payment Period: ☐ Monthly (Commercial Only) ☐ Bi-Monthly (Residential only)

Financial Institution _____

City: _____ State: _____ Zip: _____

AUTHORIZATION STATEMENT:
I hereby authorize Johnson County Wastewater and the financial institution above to debit my account electronically each payment period. This authority will remain in effect until I have signed a new authorization, or upon written notice to cancel participation.

_____ _____
Signature (Required) Date (Required)

CANCELLATION:
You must notify JCW in writing to cancel this service.

Please Sign this form and return to the address listed below

Johnson County Wastewater Customer Service
11811 S Sunset Drive, Suite 2500
Olathe, KS 66061
913)715-8590 or Fax (913)715-8501

09/26/06