

Public Water Supply District #2 of Audrain County (PWSD #2)

PO Box 457 / 19105 Hwy 22 , Mexico, MO 65265

RECURRING PAYMENT AUTHORIZATION FORM

You authorize regularly scheduled payments to be withdrawn from your checking/savings account or charged to your credit card beginning the date signed below and until this agreement has been canceled or altered in writing.

I _____ authorize PWSD #2 to make the payment in the amount due on my water account # _____ for the billing address below via the method indicated below and on the _____ day of each month. I understand I should make sure I check my billing card each month for high usage in the instance I have a leak. I will need to call PWSD #2 as soon as possible if I need to cancel or change my monthly payment, but no later than 48 hours prior to the scheduled auto-pay. I understand there will be a \$1 fee imposed to pay with my Checking/Savings and a 2.75% (+\$0.50 for payments under \$100) fee for any credit card payments.

Billing Address _____ Phone # () _____ - _____

City/State/Zip _____ Email _____

Checking/Savings Account (\$1.00 fee)

☐ Checking ☐ Savings

Name on Acct _____

Bank Name _____

Account # _____

Bank Routing # _____

Credit Card (2.75% + \$0.50 under \$100)

☐ Visa ☐ MasterCard ☐ Discover

Cardholder Name _____

Account # _____

Exp Date ____/____ CVV (3 digit on back) ____

Signature _____ Date _____