

Superintendents

Tim Smith – Distribution
Jason Bryant – Plant
Chad Selby – Operations



Commissioners

Ryan Edmonds - Chairman
Vanessa O’Neal – Vice Chairman
Dakota White - Secretary

AUTHORIZATION TO PAY WATER BILL

Account Number: _____ Date to Begin: _____

Service Address: _____

Name: _____ Phone: _____

Billing Address: _____

City / State / Zip: _____

Financial Institution: _____

Type of Account: Checking Savings Routing Number: _____

Banking Account Number: _____

Bank drafts will come out of account on the 15th of each month unless the 15th is a weekend or holiday, then the draft will come out the 1st business day after the 15th.

Bank Drafts cannot be changed or stopped after the 8th of each month.

I (we) herby authorize BonDeCroft Utility District to initiate monthly debits, beginning next month and continuing each month thereafter, for payment of my water service bill and for the financial institution specified by me to pay the amount from my checking or savings account. I understand that both BonDeCroft Utility District and my financial institution reserve the right to terminate this payment plan or my participation therein. This authority is to remain in effect until revoked by me in writing. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Date: _____ Signed: _____

PLEASE ATTACH VOIDED CHECK