

## ***St. Albans Water and Sewer Authority***

**150 Old Highway 100**

**P.O. Box 160**

**Villa Ridge, MO 63089**

636 742-5200 Fax 636 742-0224

Public Water Supply District #3 of Franklin County is offering a bank draft program available to customers of St. Albans, Missouri choosing to have their monthly water and sewer bill automatically deducted from their bank account.

The program will save customers the cost of postage and checks, eliminates monthly check writing, and provides a record of payment on the customer's bank statement. Additionally, customers will continue to receive their monthly bill through the mail, as a method to inform the customer of their water and sewer utility usage.

For those customers interested in taking advantage of this benefit, please complete the AUTOMATED PAYMENT AUTHORIZATION FORM enclosed and provide an unsigned, voided check.

Following customer sign up for the program, it will take PWSD #3 up to 2 months to initiate the program with the corresponding bank. During the startup period, the customer will continue to receive water and sewer utility bills for payment. Once the initiation is complete, the customer's utility bill will have "PAID BY DRAFT" printed on the bill.

PWSD #3 will draft the payment for the water and sewer utility bill from the bank account on the working day preceding the due date of the utility bill. The customer will continue to receive the monthly utility bill at the regular time.

Should a customer wish to discontinue participation in the AUTOMATED PAYMENT PROGRAM, the customer must provide written notification of their wish to terminate the AUTOMATED PAYMENT AUTHORIZATION PROGRAM to the PWSD #3 office at P.O. Box 160, Villa Ridge, Missouri.

For more information, please call (636) 742-5200.

# AUTOMATED PAYMENT AUTHORIZATION FORM

PWSD #3 OF FRANKLIN COUNTY, MISSOURI

I (we) hereby authorize Public Water Supply District #3 of Franklin County, herein called District, to initiate debit entries to my (our) *(select one)*

**checking account**

**savings account**

Indicated below and the depository named below, herein called Depository, to debit such account. I (we) understand that the District will debit the below listed account to collect amounts due for water and/or sewer utility services. I (we) understand that a Not Sufficient Funds (NSF) fee may be charged, as allowed by the applicable law, if any item is returned for any reason.

Bank Depository Name \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_

Transit ABA # \_\_\_\_\_ Bank Acct # \_\_\_\_\_

This authority is to remain in full force and effect until the District and Depository have received written notification from the person(s) listed below, of this termination in such time and in such manner as to afford the District and Depository to act.

Customer Name(s) \_\_\_\_\_

Service Address \_\_\_\_\_, \_\_\_\_\_

Customer Drivers License #(s) \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Utility Account # \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

***Please enclose a VOIDED CHECK with this form. Thank You.***