

**City of Russell Springs Authorization Agreement
For Automated Bill Payment**

Customer Name _____

Address _____

City, State, Zip _____

Customer's Water Account Number _____

I _____ (checking account holder) authorize my financial institution to debit my account for my monthly bill the 2nd Wednesday of each month for the City Water & Sewer and post them to my account.

I understand that the most current non-sufficient funds fee will be charged to my account in the event that there are insufficient funds in my bank account to cover my bill and the automatic bank payment will be stopped.

Bank Name _____

Address _____

Routing Number _____

Bank Account Number _____

Attach a voided check or deposit slip showing your name and checking account number. I understand I control my payment and if at any time I decide to discontinue the automated bill payment service, I will send written notification to City Water & Sewer and my financial institution.

City Water & Sewer
P O Box 247
Russell Springs, Ky. 42642

Signature date