

With Autopay your monthly water bills are paid with funds transferred to Barnes Rural Water District from your checking/savings account. Payments are processed between the 1st & 4th of each month.

- You will still receive your water billing card before your amount due is processed for payment
- You will still need to send in your meter readings each month by the 10th, by simply emailing a picture of meter using your cell phone, to brwd@brwd.org or enter your reading on our website www.brwd.org

To enroll in our AutoPay, just fill out the bottom portion of form and return with a voided check. Continue paying your water bill until your statement indicates that the AutoPay has taken effect (takes about one month)

BARNES RURAL WATER DISTRICT CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a Payment.

Name(s) shown on BRWD bill: _____ BRWD Account # _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Financial Institution Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Names(s) on the account: _____

(ATTACH A VOIDED CHECK)

CHECKING SAVINGS

DEBIT TRANSACTION FREQUENCY:

MONTHLY SEASONALLY (Twice a Year)

At the depository Financial Institution named above ("DEPOSITORY"). I(We) agree that ACH transactions I (We) authorize comply with all applicable law.

I (We) understand that this authorization will remain in full force and effect until I (We) notify Barnes Rural Water District in writing, by email, or by phone, that I (We) wish to revoke this authorization. I (We) understand that Barnes Rural Water District requires at least 5 days prior notice in order to cancel this authorization. Barnes Rural Water District has the right to cancel my use of Auto-Pay. By signing this form, I (We) hereby authorize Barnes Rural Water District, to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

Signature of Account Holder(s): _____

Date: _____ Date of first Debit: _____

