

# Ozarks Clean Water Company

**After your completed form and voided check are received at our office, the bank drafting will start with the next month's billing. The amount of each month's bill will be automatically withdrawn from the bank account you selected around the 20th of the month.**

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P.O. Box 973  
11 Oak Dr.  
Kimberling City, MO 65686  
417-739-4100  
Fax: 417-739-9889  
email: [contact@ozarkscleanwater.org](mailto:contact@ozarkscleanwater.org)

# Ozarks Clean Water Company

## AUTHORIZATION FOR BANK DRAFT PAYMENT OF SEWER BILL

I hereby authorize Ozarks Clean Water Company, hereinafter called COMPANY, to initiate monthly debit entries and to initiate, if necessary credit entries and adjustments for any debit entry in error to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, on or near the 22<sup>nd</sup> of each month, beginning next month and continuing each month thereafter, for payment of my sewer and/or water services. I further authorize the FINANCIAL INSTITUTION specified below by me to pay the amount from my checking or savings account as selected below. I understand that both Ozarks Clean Water Company and my FINANCIAL INSTITUTION reserve the right to terminate this payment plan or my participation therein. This authority is to remain in full force and effect until Ozarks Clean Water Company, my Financial Institution, or I revoke the authority in writing. I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of United States law.

\* ATTACH VOIDED CHECK

_____		_____	
(Financial Institution Name)		(Branch)	
_____		Type of Acct: Checking ___ Savings * ___	
(Routing Number)	(Account Number)		
Check One: [ ] ADD – ACH Authorization.			
[ ] CHANGE – Change financial institution and/or account number.			
[ ] CANCEL Cancel ACH Authorization.			
_____		_____	
(Member Name)		(Member's Account #)	
_____		_____	
(Member's Address)	(City/State)	(Zip)	(Member Phone #)
_____		_____	
(Member's Signature)		(Date)	

***This form of payment is optional. If you would like to sign up for this bank draft payment plan: (1) Fill out this form, (2) Attach a voided check, and (3) Mail to: Ozarks Clean Water Company, P.O. Box 973, Kimberling City, MO 65686***

*\* For savings accounts, please provide a copy of the statement to verify account numbers.*

**PLEASE ATTACH COPY OF VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM!**