

## AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

NAME(S) OF ACCOUNT HOLDER		WATER ACCOUNT NUMBER		
SERVICE ADDRESS:		Date		
I (we) hereby authorize <b>WEST SHELBY WATER DISTRICT</b> , hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.				
DEPOSITORY NAME		BRANCH		
CITY			STATE / ZIP	
ROUTING NO.		ACCOUNT NO.		
This authority is to remain in full force and effect until COMPANY and DEPOSITORY have each received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I will receive prior written notice of the amount to be debited to my account which will allow me to stop payment of the debit entry by notifying the DEPOSITORY at least three days prior to the date the account is to be charged. I will send written notice of an erroneous charge to the account to the DEPOSITORY within 15 days of the issuance of the account statement or 45 days after the account was charged.				
<b>X</b>		Date	SIGNATURE	Date
SIGNATURE				

**Just fill out the above Authorization, sign it at the X, and return it, along with a voided check to:**

**Attn: Accts Payable Dept.  
West Shelby Water District  
P.O. Box 39  
Simpsonville, KY 40067**

**Or you can email both, this signed authorization and a voided check to [lisad@westshelbywater.org](mailto:lisad@westshelbywater.org).**

**All payment Authorizations received after the 5<sup>th</sup> of each month, but prior to the 25<sup>th</sup>,  
will be effective for the next billing cycle.**

**Payment on your account will be made between the 6<sup>th</sup> and 10<sup>th</sup> day of each month.**