

**YES, I WANT TO DO AUTOMATIC PAYMENT PLAN**

McKenzie County Water Resource District

Automatic Payment Plan Authorization Form (please print)

**Please attach a blank check marked "VOID"**

I (we) authorize McKenzie County Water Resource District to initiate debit entries to my (our) account identified below for payment of water bills. The financial institution named below is authorized to charge these bills to my (our) account. This authority will remain in effect until I (we) notify you in writing to cancel it at such time as to afford the bank a reasonable opportunity to act on it. I can stop payment of any entry by timely notification to my financial institution prior to charging my account. I understand that both the financial institution and McKenzie County Water Resource District reserve the right to terminate my participation in this payment plan.

\_\_\_\_\_  
Name (as it appears on your water bill)                      MCWRD account number                      Bank account number

\_\_\_\_\_  
Address    Name of Financial Institution

\_\_\_\_\_  
City                                      State                                      Zip                                      Address of Financial Institution

\_\_\_\_\_  
Authorized Signature as Shown on Bank Account                      Authorized Signature as Shown on Bank Account

\_\_\_\_\_  
Date                      Work Phone #                      Home phone #                      Date                      Work Phone #                      Home Phone #

\_\_\_\_\_  
Authorized Signature as Shown on Bank Account                      Authorized Signature as Shown on Bank Account

\_\_\_\_\_  
Date                      Work Phone #                      Home phone #                      Date                      Work Phone #                      Home Phone #

**REMEMBER IF BANK ACCOUNT IS IN TWO OR MORE NAMES, ALL ACCOUNT HOLDERS MUST SIGN!!**