



___ CUSI
___ Comm 1st
___ Waterscope

ACH Bank Draft Authorization Form

Name **AND** Phone Number: _____

Type of Account: ___ Checking ___ Savings PWSD#6 Acct# _____

Bank Name: _____

Name on Account: _____

E-mail Address: _____

Checking/Savings Account Number: _____

Routing Number: _____

Authorization Statement:

By providing your signature below, you are authorizing PWSD #6 to debit funds electronically from your account at the financial institution listed above, for the payment of your monthly balance.

Water District Customer Signature

Date

PWSD #6

117 W Ohio
Butler, MO 64730

PHONE 660-679-6516
FAX 660-679-5764
EMAIL Bcpwsd6@embarqmail.com