**GARRISON RURAL WATER DISTRICT’S**

**AUTOMATIC PAYMENT PLAN**

Pay your water bill automatically!!

The Automatic Payment Plan will automatically deduct your monthly water bill from your bank account. Each month, you will receive your monthly water bill, but for those signed up with GRWD’s “Automatic Payment Plan” your water bill will be marked, “PAY BY BANK-DO NOT PAY.” The total amount of your bill will be deducted from your bank account on the 6th of each month. You will see this deduction on your monthly bank statement.

Please fill out the form on the back of this letter to take advantage of this feature.

Mail the form to:

Garrison Rural Water District

1598 37th Ave NW

Garrison, ND 58540

Phone Number: 701-337-5682

FAX Number: 701-337-5690

Email: garrisonruralwaterdistrict@gmail.com

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| --- |
| **ACH PAYMENT SIGN UP*****IT’S EASY*** |
|  |  |  |  |  |
| To take advantage of this service simply fill out the attached form and return it to GRWD **with a check** **marked “VOID”** from the account you would like your water bill paid from each month. |
|  |  |  |  |  |
| **Garrison Rural Water District Automatic Payment Agreement** |
|  |  |  |  |  |
| I hereby authorize the financial institution named below to pay my monthly Garrison Rural Water District water bill by charging my account for each payment. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my financial institution prior to charging my account. I understand, however, that both the financial institution and Garrison Rural Water District reserve the right to terminate this payment plan, or my participation therein. |
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| **GRWD’S AUTOMATIC PAYMENT PLAN** |
| Authorization Form (Please Print) |
|  |  |  |  |  |
| I authorize Garrison Rural Water District to initiate entries to my account indicated below for payment of my water bill. By making this authorization, I agree to all terms described above.  |
|  |  |  |
| NAME (As it appears on water bill) |  | NAME OF FINANCIAL INSTITUTION |
|  |  |  |
| DATE |  | ROUTING NUMBER |
|[x]   |  |
| SIGNATURE |  | BANK ACCOUNT NUMBER |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |  |
| **OFFICE USE ONLY** |  |  |  |
| Account Number: |  |  |  |  |  |
| Date Completed / Initials: |  |  |  |  |  |