Automatic Water Bill Payment Plan Authorization Form

SEND TO: City of Grain Valley Water Department, 711 Main Street, Grain Valley, MO 64029

_____ _____

Your name as it appears on the bill Account Number (shown on water bill)

_____

Service Address

_____

Home/Cell Phone Number

_____

Financial institution you wish to pay your monthly bill

_____

Your financial institution account number

_____

ABA Transit Routing Number

_____

Financial institution address City State Zip

I hereby request and authorize the financial institution named to pay my monthly Grain Valley Water Department bill by charging each payment to the account specified by me. I agree that each payment shall be the same as if it were a check or withdrawal personally signed and authorized by me. **This authority is to remain in effect until revoked by me in writing.** I understand that both the Grain Valley Water Department and the financial institution named reserve the right to terminate this payment plan or my participation therein.

Signed _____ Date _____

Attach voided check below: