



Application for Automatic Payment Services (APS)

Please consider paying your bill through electronic funds transfer, an easy way to pay a bill by an automatic draft from your checking or savings account each month. It will save you the time of writing a check and the cost of mailing it each month.

To participate, please complete and return this electronic funds payment program authorization form to the Central Iron County Water Conservancy District (CICWCD). Please attach a voided check to this form to ensure timeliness and accuracy in processing your request.

Service Address:	CICWCD Account#:
Name on CICWCD Account:	

Checking Account Information

Name on Account:	<input type="checkbox"/> Business Checking
	<input type="checkbox"/> Checking
Bank Name:	
Bank Address:	
City	State
	Zip
Phone:	Routing#:
	Account#:
Preferred Payment Date (Any date between the 5th & 25th)	

AUTHORIZATION

I, _____ (please print), hereby authorize the CICWCD to draw monthly bank drafts on my bank account shown above for the payment of my monthly water bill. I understand that I can discontinue my participation in the electronic payment program by notifying the CICWCD in writing. Both the CICWCD and the bank also may terminate this agreement with 10 days written notice. I understand that the CICWCD reserves the right to limit participation in the program to customers whose accounts are in good standing.

Sign me up for paperless billing. By requesting this service, you will receive **only** an electronic copy of your bill e-mailed to you each month. If you are also using auto-pay, you will receive a one-time credit of \$31.00. Please provide your e-mail below for this request to be effective.

E-mail Address: _____

Signature: _____ Date: _____

IMPORTANT!!!

Please attach a check marked "VOID" to this authorization form.