

Consolidated Public Water Supply
 Po Box 198
 Kahoka, Mo 63445
 660-727-1411

Customer Name (Last, First, Middle Initial) (Print) _____	Social Security Number: _____
Original sign Up Yes _____ No _____ Change Original Information Yes _____ No _____ Customer Account # _____ Customer Phone # _____ Customer Email _____	Name of Financial Institution _____ Address _____ City _____ Zip code _____
Type of Account (X) Checking _____ Savings _____ Credit/Debit Card _____	Bank Routing Number _____
Account Number _____ Expiration Date _____ Auto Pay Date _____ (Choose a date on or before the 15 th of the month to avoid a late fee)	Financial Institution Phone Number _____

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A VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED FOR CHECKING OR SAVINGS ACCOUNT
VERIFICATION

I authorize Clark County Water to electronically debit funds from my account in the Financial Institution listed above. If funds are debited in error from my account, I authorize Clark County Water to initiate a correct credit entry.

This authorization will remain in effect until I cancel in writing. I understand that the authorization may be rejected or discontinued by Clark County Water at any time. If any of the above information changes, it will be my responsibility to promptly complete a new authorization agreement.

Customer Signature _____ Date _____

Interested in Paperless Billing?

Go to www.PaymentServiceNetwork.com

1. Click "Getting Started"
2. Enter RT19698 in the Company ID and then select Register
3. Put in account # from your bill
4. Select "Bills" at the top of your profile
5. Then select "I want to go paperless"