



Application for Automatic Payment Service (APS)

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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 Kane County Water Conservancy District (KCWCD). Please attach a voided check to this form to ensure timeliness and accuracy in processing your request.

Service Address:	KCWCD Account#:
Name on KCWCD Account:	

Checking Account Information

Name on Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name:	
Bank Address:	
City	State
	Zip

Phone:	Routing#:	Account#:
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AUTHORIZATION

I, _____ (please print), hereby authorize the KCWCD 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 KCWCD in writing. Both the KCWCD and the bank also may terminate this agreement with 10 days written notice. I understand that the KCWCD reserves the right to limit participation in the program to customers whose accounts are in good standing.

Signature: _____ Date: _____

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 monthly credit of \$1.00. Please provide your e-mail below for this request to be effective.

E-mail Address: _____

IMPORTANT!!!

Please attach a check marked "VOID" to this authorization form. The date of each withdraw will appear on your monthly billing statement.