

Camden County PWSD#4

P.O. Box 9

Lake Ozark, MO 65049

Email: DARNOLD@CAMDENPWSD4.COM

Phone: 573-365-6792

Direct Debit Agreement Form

Authorization Agreement

I hereby authorize **Camden County PWSD#4** to initiate automatic debits from my account at the financial institution named below. Further, I agree not to hold **Camden County PWSD#4** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

My account will be debited the 20th of each month, or the first business day after the 20th, no more than the current amount due on my Camden County PWSD#4 bill. This agreement will remain in effect until **Camden County PWSD#4** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct debit form.

PWSD#4 Account#

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Personal Checking/Savings _____ Business Checking/Savings _____

Please attach a voided check and return this form