



Automatic Water Bill Payment Plan Authorization Form

(Print form and mail to: City of Blue Springs Water Department, 903 W. Main Street, Blue Springs, MO 64015)

Your name as it appears on the bill

Daytime phone number

Service address: City State Zip

Your account number (shown on bill)

Financial institution you wish to pay your monthly bill Your financial institution account number

Financial institution address: City State Zip My account is: Checking Savings (check one)

I hereby request and authorize the financial institution named to pay my monthly Blue Springs 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.** In addition, I have the right to stop payment of a charge up to six days before the payment date. I understand that both the Blue Springs Water Department and the financial institution named reserve the right to terminate this payment plan or my participation therein.

Signed _____

Date _____

Attach a voided check or savings account slip here