



PUBLIC WATER SUPPLY DISTRICT NO. 9
391 NORTH RANGELINE ROAD
COLUMBIA MO 65201
(573) 474-9521 OR (573) 474-9522
web site: <http://pwsd9.com>

PWSD #9 Account # _____ **Parcel/W9 #** _____

I hereby authorize Public Water Supply District No. 9 to charge my checking, savings and loan, credit union or Visa/MasterCard account for the amount of the water bill. I further authorize the bank, savings and loan, credit union, or Visa/MasterCard to debit the same to such account.

Payments are to be processed on or near the 10th of each month.

Please Print

Name _____

Address _____

City _____ State _____ Zip _____

Your telephone number with area code _____

Name of bank, savings and loan, credit union, or Visa/MasterCard

City _____ State _____ Zip _____

Bank transit number _____ Account # _____

(PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT TO BE CHARGED)

Visa/MasterCard number from front and back of your card

_____ Expiration Date _____

(# on back of card)

Your mailing (billing) address for your credit card **(Please notify our office if this address changes.)**

_____ Zip _____

This authority is to remain in full force and affect until Public Water Supply District No. 9 has received written notification from me of its termination in such time and in such a manner as to afford Public Water Supply District No. 9 and financial institution a reasonable opportunity to act on it.

Signature _____ Date _____

Printed name _____

PLEASE NOTIFY OUR OFFICE WHEN ANY OF THE ABOVE INFORMATION CHANGES.
 YOUR PAYMENT **WILL BE REJECTED** IF THERE IS ANY INFORMATIONAL DISCREPANCY
WE WILL NOT NOTIFY YOU IF YOUR PAYMENT IS REJECTED.