



**PUBLIC WATER SUPPLY DISTRICT #9**

391 N RANGELINE RD  
COLUMBIA MO 65201  
P: 573-474-9521 F: 573-474-4347  
WWW.PWSD9.COM

**PWSD #9 Account #** \_\_\_\_\_ **Parcel/W9#** \_\_\_\_\_

I hereby authorize Public Water Supply District #9 to charge my checking or credit card account for the balance due of my water bill. I further authorize the financial institution or credit card to debit the same to such account. **Payments are processed on the 10<sup>th</sup> of the month.**

**Please Print:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number with Area Code \_\_\_\_\_

Email Address \_\_\_\_\_

**Auto Draft From Bank Account:**

Banking Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**(Please attach voided check from account to be charged)**

**Auto Credit/Debit Card:**

Credit Card Number (MC, Visa, Discover) \_\_\_\_\_

CVV Code \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This authority is to remain in full force and affect until PWSD #9 has received written notification from me of its termination in such time and in such manner as to afford PWSD #9

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Please notify PWSD #9 if any information changes. Your payment will be rejected if there is any informational discrepancy. In case of rejection, payment responsibility is the customer's.