



Request for automatic payment service:

Oldham County Water District Account #: _____

Name: (as shown on bill.) _____

Phone: _____

Address: _____

Add: _____ Change: _____ Delete: _____

MAY TAKE UP TO ONE BILLING CYCLE BEFORE IT WILL START. ANY CHANGES OR REMOVAL FROM BANK DRAFT MUST BE IN WRITING AND MAY TAKE UP TO ONE BILLING CYCLE TO OCCUR.

Name of Bank: _____

Bank Routing Number: _____

Customer Bank Account Number: _____

(Please attach copy of voided check.)

I hereby authorize Oldham County Water District to draw transfers: (debit entries) against my bank account in payment of water/sewer service on the account shown above. I understand that I will be notified in writing a minimum of ten days before any debits are charged against my account. I understand that if my account does not have sufficient funds to cover the debit, I will be charged \$25.00. It is my responsibility to notify the water company of any changes that affect my account. This authorization terminated upon the request of either party.

Date:

Customer Signature (as on file at bank)

(Mail, fax or email this signed & completed form to our office)

P.O. Box 51 Buckner, KY 40010
502-222-1690 Fax 502-222-1694
ocwd@oldhamcountywater.com