



## SOUTHERN WATER & SEWER DISTRICT

P.O. Box 610  
245 KY Rt. 680  
McDowell, KY 41647

Ph. (606) 377-9296 Fax. (606) 377-9286

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Customer's Water Account Number \_\_\_\_\_

I, \_\_\_\_\_ (checking account holder) authorize my financial institution to debit my account for my monthly bill the 8<sup>th</sup> of each month for the water & trash and post them to my account.

I understand that the most current non-sufficient funds fee (\$29) a fee incurred by SWSD as well as a fee incurred by your bank will be charged to my account in the event that there are insufficient funds in my bank account to cover my bill and the automatic bank payment will be stopped.

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Routing Number \_\_\_\_\_

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

Attach a voided check showing your name and checking account number. I understand I control my payment and if at any time I decide to discontinue the automated bill payment service, I will send written notification to Southern Water and my financial institution.

Southern Water & Sewer

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Equal Opportunity Employer  
& Provider