**Napoleon Community Rural Water Corporation**

Phone: 812-852-4374 **PO Box 107** FAX: 812-852-4058

8977 N. US Hwy 421 **Napoleon, Indiana 47034** naph2o@etczone.com

**Automatic Payment System**

**(APS)**

**Authorization Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NCRWC Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_IN\_ Zip: \_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9 digit Bank Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Bank Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ (check one)

I authorize Napoleon Community Rural Water Corporation (NCRWC) to draw monthly bank drafts on my bank account shown above for the payment of my monthly water bill. I understand that I can discontinue my participation in APS by notifying NCRWC in writing prior to the next billing date. Also, both NCRWC and the bank may terminate this agreement. I understand that NCRWC reserves the right to limit participation in APS to customers whose accounts are in good standing. I acknowledge that the origination of ACH (Automatic Clearing House) transactions to my account must comply with the provisions of U.S. law.

I understand that if funds are unavailable at the time of transfer the amount of my current bill will be charged back to my account along with a $25 NSF charge. Additionally I understand that I will immediately be terminated from this program.

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

Please attach a voided check. Your bill be deducted from your account and your bill statement will display the message "AUTO PAY - The Amount Due Will Be Deducted From Your Account On or

About the 15th". Please allow six weeks for the plan to be implemented after we receive your authorization form.