

Napoleon Community Rural Water Corporation

Phone: 812-852-4374
8977 N. US Hwy 421

PO Box 107
Napoleon, Indiana 47034

FAX: 812-852-4058
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Automatic Payment System (APS) Authorization Form

Name: _____	NCRWC Account # _____
Service Address: _____	
Mailing Address: _____	City: _____ State: <u>IN</u> 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)
<p>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.</p> <p>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.</p>	
Signature: _____	Date: _____

Please attach a voided check. Your bill be deducted from your account and your bill statement will display the message "BANK DRAFTS ON OR ABOUT THE 15TH". Please allow six weeks for the plan to be implemented after we receive your authorization form.