

To sign up for free automatic payments through your checking or savings account, fill out this form, attach a voided check and return to our office.

Napoleon Community Rural Water Corporation

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

PO Box 107
Napoleon, Indiana 47034

FAX: 812-852-4058
naph2o@etczone.com

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 will 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*".

Authorization forms must be received by the 12th of the month in order to be in place for the next bill.