



For Paper Billing Customers

INSTRUCTIONS:

1. Complete the form.
2. Mail, email, or fax the completed form **and a copy of a voided check** for the account to be debited to:

WaterOne
 Customer Service
 10747 Renner Blvd.
 Lenexa, KS 66219

Fax: 913/895-1817
 Email:
 wateronecustomerservice@waterone.org

Auto Pay Authorization and Change Form

New Transaction Change of Information

Once your account is activated, you will receive a confirmation letter.

To process changes for a current water bill, we must have your new bank account number eight (8) business days prior to the due date of the water bill. Otherwise, the amount due will be deducted from your existing bank account.

WaterOne Account #: _____
 Name (as it appears on the account): _____
 Service Address: _____ Phone: _____

Financial Institution Name and Address: _____
 Name (as it appears on bank account): _____ Daytime Phone: _____
 Transit Routing #: _____ Account #: _____

I authorize WaterOne (Water District No. 1 of Johnson County Kansas) and my financial institution to automatically pay my water bill out of my bank account on the date indicated on my water bill notifications.

I also understand that I can stop an automatic payment because of a dispute over the amount of the bill or billing error by calling Customer Service at 913/895-1800 at least five (5) business days before the payment is scheduled to be posted to my bank account.

I consider the Auto Pay plan to be the equivalent of a check drafted by me, and agree to abide by all WaterOne Rules & Regulations as they apply to water bill payments. I also accept responsibility for paying any processing fees caused by insufficient funds in my account, and authorize WaterOne to add such fees to my water account.

I reserve the right - and agree that WaterOne also reserves the right - to terminate my participation in the Auto Pay plan at any time by contacting Customer Service at least 5 business days prior to the bill due date or to me at my listed service address.

Please allow up to three weeks for your request to be processed. You are responsible for payment until direct debit service is established.

Authorization by Bank Account Holder

Signature _____

Print _____

Date _____

Remember to attach a **voided check**, *not* a deposit slip.