



DIRECT PAY APPLICATION

NAME ON METRO WATER ACCOUNT: _____

METRO WATER ACCOUNT #: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: () _____ DAYTIME PHONE: () _____

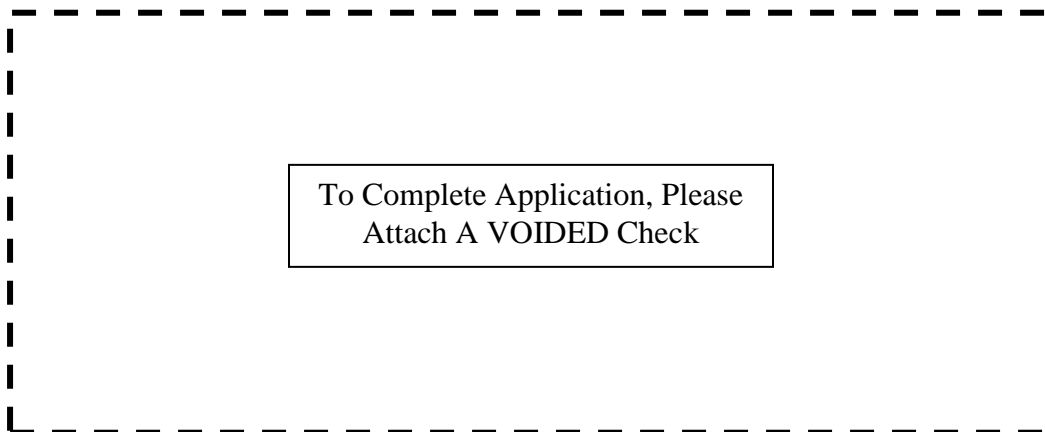
NAME OF FINANCIAL INSTITUTION: _____

BANK PHONE #: () _____

ROUTING #: _____ ACCOUNT #: _____

I hereby authorize Metro Water District and the financial institution designated above to charge the account I have specified for payment of my water utility bill. I understand that a fee will be charged to my account each time a check is returned for any reason. In addition, I understand both the financial institution and Metro Water reserve the right to terminate this payment plan and/or my participation therein. Should I choose to withdraw from the plan, I will notify the Metro Water within a timely manner.

Signature: _____ Date: _____



***Note: You will be notified on your statement when direct pay goes into effect. Please continue paying towards

your water bill until you see

AMOUNT ENCLOSED
Do Not Pay - Auto Draft

 on your billing statement. ***