AUTOMATIC BILL PAYMENT ENROLLMENT FORM

Fleming Co. Water Assoc., Inc. PO Box 327, Flemingsburg, KY 41041

For additional information, call our office at (606) 845-3981 or 1-800-845-3983

FOR AUTOMATIC BANK DRAFT

Name:

_____

Adress:_____

Home Phone: Work Phone: Cell Phone:

FCWA Account No._____

Financial Institution Name:

_____

City, state, Zip:_____

Circle one: ☐ Checking Account ☐ Savings Acct

Financial Institution Account Number:_____

Routing Number:_____

I authorize you to charge my checking/savings account monthly in the amount of my monthly bill and to make that Deduction payable to Fleming Co. Water Assoc. In giving the authorization, I agree to all the Terms and Conditions of Authorization. This authorization is to remain in full force and effect until FCWA has received WRITTEN notification of its termination in such time (before the 7th of the month) and in such manner as to afford FCWA and DEPOSITORY a reasonable opportunity to act on it. If your bank changes its name or any of its or your account numbers please give us a call or bring a copy of your new check.

PLEASE NOTE: BANK WILL PULL PAYMENTS 10TH OF EACH MONTH.

If payment is returned for any reason (insufficient funds, stop payment, hold, closed Account, etc), a cash payment for the billed amount including a $8.00 Service Charge. Plus, the late fee. must be submitted to Fleming Co. Water Assoc., Inc. within 5 calendar Days or service will be disconnected immediately. Also if two (2) Bank Drafts are returned within a 12-month period, you will no longer be eligible for the Bank Draft Service.

* A RECONNECTION FEE OF $36.00 WILL APPLY TO LOCK AND UNLOCK SERVICE.

IMPORTANT: Should you decide to pay your water bill by CHECK OR CASH any given month, please NOTIFY US to remove you from the AUTOMATIC BANK DRAFT. If we are not notified, the bank draft will pull also, and if it is returned to us as insufficient, etc., you will be CHARGED for the returned draft plus $8.00 SERVICE FEE as described above.

Signature:_____Date:

_____ Email Address(required):_____

FCWA Employee Signature:_____Date:

_____