

AUTOMATIC PAYMENT PLAN

We are pleased to be able to offer you a new billing convenience – Automatic Payment. Now you can have your payment made directly from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service. The Automatic Payment Plan will help you in several ways:

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- It saves time and saves checks.
- It will help you meet your billing commitments – even when you're on vacation or out of town.
- It's easy to get started, easy to change, and easy to cancel.
- It's convenient, timely, and gives peace of mind.

How the Automatic Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made electronically on the specified day. Proof of payment will appear with your statement.

The authority you give to debit your account will remain in effect until you notify us in writing to terminate the authorization. You can change your payment at any time by notifying us five days prior to any regularly scheduled payment.

The Automatic Payment Plan is worry free, convenient, and easy. To participate in this service, complete the authorization form (part A), select the fund and dollar amount of your payment, and return to us.

A. I authorize All Seasons Water Users District to initiate debit entries, and in case of error credit entries, to my checking/savings (circle one) account. This authority will remain in effect until I notify you in writing to cancel in such time as to afford the business a reasonable opportunity to act on it. I can stop payment of any entry by written notification three days before my account is charged.*

Name of Financial Institution _____

City _____ State _____ Zip _____

Signature _____ E-mail _____

Name (Please print) _____

Address _____

Account Number _____ Checking Savings

Financial Institution Routing Number _____

B. Select payment fund, regularity, and dollar amount:

General Billing \$ Variable Amount

(Payment date) 10th of each month

Frequency monthly

Other Billing \$ _____ Amount

Project Name _____

(Payment date) _____

Frequency _____

Special Bill \$ _____ Amount

Billing Name _____

(Payment due date) _____

Frequency _____

*If you are currently enrolled in the Automatic Payment Plan and wish to update your billing information or pay a specific bill, no bank information is required. Please provide written information and authorize by signing below:

Signature _____ OFAC Compliance

Mail completed form to: All Seasons Water Users District
1066 Highway 5 NE
Bottineau, North Dakota 58318