



*LIFE OUTSIDE THE LINES*

711 MAIN STREET  
GRAIN VALLEY, MO 64029  
816-847-6280 FAX 816-847-6209  
water@cityofgrainvalley.org

## DIRECT PAYMENT AUTHORIZATION FORM

ACCOUNT HOLDER \_\_\_\_\_

WATER ACCOUNT NUMBER \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION NAME \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

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I hereby request and authorize the financial institution named to pay my monthly Grain Valley Water bill by charging each payment to the account specified by me. I agree that each payment shall be the same as if it were a check or withdrawal personally signed and authorized by me. This authority is to remain in effect until revoked by me in writing. I understand that both the Grain Valley Water Department and the financial institution named reserve the right to terminate this payment plan or my participation therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach voided check or proof of account ownership below: