



711 MAIN STREET
GRAIN VALLEY, MO 64029
816-847-6280 FAX 816-847-6209

DIRECT PAYMENT AUTHORIZATION FORM

ACCOUNT HOLDER _____

WATER ACCOUNT NUMBER _____

SERVICE ADDRESS _____ PHONE NUMBER _____

FINANCIAL INSTITUTION NAME _____

BANK ACCOUNT NUMBER _____ ROUTING NUMBER _____

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: