

North Central Rural Water Consortium II

Central Plains Water District – North Prairie Rural Water District

2718 Gateway Ave., Suite 201, Bismarck, ND 58503-0585
701-852-1886 or 701-258-9249 (billing inquiries)

Dear Customer:

We are pleased to be able to offer you a new billing convenience – DIRECT PAYMENT. Now you can have your water bill payment made directly from your checking or savings account. AND you don't have to change your present banking relationship to take advantage of this service.

DIRECT PAYMENT will help you in many ways:

- 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 eliminates the possibility of lost, stolen, or forged checks
- It's convenient, timely, and gives you peace of mind

Here's how DIRECT PAYMENT works:

You authorize payments to be made from your checking or savings account. Your payment will be made electronically, debiting your account and crediting ours. Proof of payment will appear with your bank statement and you can elect to receive a confirmation by email on the day of the transaction.

The authorization you give to debit your account will remain in effect until you notify us in writing to terminate our agreement.

The DIRECT PAYMENT plan is worry-free, convenient, and easy. To participate in this service, complete the authorization form below and return to us with a VOIDED CHECK.

I authorize the North Central Rural Water Consortium 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 North Central Rural Water Consortium a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Signature: _____ Date: _____

Email Address: _____ Phone Number: _____

Financial Institution: _____ Account Number: _____

Transit Routing Number: _____ Financial Institution Phone Number: _____

PLEASE STAPLE VOIDED CHECK TO THIS FORM

This institution is an equal opportunity provider and employer.