

Garrard County Water Association, Inc

P.O. BOX 670 315 LEXINGTON ROAD

LANCASTER, KY 40444-0670

(859) 792-4501 TTY: 800-648-6056

FAX: (859) 792-1671

Paying your water bill is as easy as turning on your faucet with the Automatic Bill Pay service from the Garrard County Water Association. When you sign up for automatic bill payment, your bank, credit union or savings and loan automatically pays your Garrard County Water Association bill direct from your account.

There's no need to bother with the inconvenience of writing a check, finding a stamp or driving to our office. Automatic Bill Pay does it all and your bill is paid on time. A bill will be mailed to you each month 10 days before our bill is due. "Total Amount Due Will Be Drafted From Your Bank" message will now appear along with the amount and date due. This still gives you time to call our office with questions regarding your bill before it is automatically withdrawn from your account.

Tell us which account, savings or checking, you would like your automatic payment to be deducted from and on the 10th of each month your bill will be paid. You may never want to go back to paying bills the old-fashioned way, once you realize just how easy and convenient it is to use automatic bill pay. However, if you choose to discontinue this service, simply complete a cancellation request form. Your request will be promptly handled.

Simply fill out the authorization form below and return to the Garrard County Water Association. Make sure to enclose a "voided" check for bank verification purposes. Then continue paying in your usual manner until a "Total Amount Due Will Be Drafted From Your Bank" notice appears on your bill.



AUTHORIZATION FORM

Date _____

Yes, sign me up for

Automatic Bill Pay

Customer Name _____
(please print)

Address _____ Telephone (_____) _____

City _____ State _____ Zip _____

Water Account # _____

KEEP THIS PORTION FOR YOUR RECORDS

I enrolled in the Automatic Bill Pay program and authorized

_____ *Bank or Financial Institution* _____ *Water Account #*

to pay and charge to my account. I also agree to write Garrard County Water Association if at any time I decide to discontinue the Automatic Bill Pay option.

_____ *Bank Account #*

Date _____

The amount of my water bill _____
Payable to: Garrard County Water Association.
P.O. Box 670
Lancaster, KY 40444
(859) 792-4501



I hereby authorize the Garrard County Water Association to instruct my bank or the financial institution named in this application to make my Garrard County Water Association water bill payments from the account(s) listed as they are due. I understand that I am in full control of Automatic Bill Pay payments. I may discontinue enrollment at any time with written notice to Garrard County Water Association. Both the Garrard County Water Association and the financial institution reserve the right to terminate this payment plan and/or my participation in it.

Bank or Financial Institution _____

Bank Account # _____ Checking Savings

Signature _____

Please complete this form and *enclose with a "voided" check and mail to:*

Garrard County Water Association
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Lancaster, KY 40444