



Water Department

Dear Parker Water Customer,

I would like to thank you for signing up for bank draft as an option to pay your water bill.

The first billing cycle after your application is received will be a trial run we call a “pre-note.” This process allows us to make sure that the information in our system matches what you have given us and make any corrections that need to be made before we actually draft your water payment from your account. **Please pay your bill as normal the first billing cycle after you have turned in your application.** Remember, the bills always go out on the 1st of the month, and are due on the 16th of the month to avoid any late charges.

Once the “pre-note” is complete and we find that the information is correct, your payment will be drafted on the next billing cycle. If there is a problem with your information, the “pre-note” will advise us of the problem and we will be in contact with you. If you do not hear from me, water payments will be drafted on or after the due date of the 16th of that month.

(For example: Application is turned in 10/15/08. The “pre-note” is done on 11/1/08 and first bill to be drafted will be the 12/1/08 bill, but funds will be drafted on or after the 16th of the month.)

Once you receive your bill, it is VERY important to check your bill for accuracy. If you feel there is an error on your bill, please notify the water department by the 10th of the month. After the 10th of the month, we cannot guarantee that we can correct any errors before the draft date.

Again, thank you for signing up for the bank draft option. If you have any further questions, please contact me at the number below.

Sincerely,
City of Parker
Water Department



5700 E. Parker Road, Parker Texas 75002
972-442-4105 x228

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Customer Name: _____

I (we) hereby authorize _____ City of Parker _____, hereinafter called COMPANY, to initiate debit entries to my (our) **Checking Account/Savings Account (select one)** indicated below at the depository financial institution named below, hereafter called BANK, and if necessary, initiate adjustments for any transactions debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Any ACH debit transaction denied due to insufficient funds will be assessed a \$25.00 "Returned Check" fee and posted to the customer's account.

*Mail the completed form along with a **voided check** to the address above or leave in 24-Hour Drop Box located at City Hall.*

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account # _____

This authorization is to remain in full force and effect until COMPANY has received **written** notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and BANK a reasonable opportunity to act on it.

Customer/Payee Name(s) _____

(Please Print)

Address: _____

Contact Phone _____ Contact E-Mail _____

Date _____ Signature _____

For City use only:

Account Number _____

Date Received _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.