

## **Automatic Water Bill Payment Plan Authorization Form** (Print form and mail to: City of Blue Springs Water Department, 903 W. Main Street, Blue Springs, MO 64015)

Your name as it appears on	the bill		Daytime phone number	
Service address:	City	State	Zip	
Your account number (show	wn on bill)			
Financial institution you w	ish to pay your month	ly bill	Your financial institution account number	
Financial institution address	s: City Stat	te Zip	My account is:   Checking	☐ Savings (check one)
In addition, I have the Blue Springs Water D participation therein.	e right to stop pay Department and th	ment of a charge up to e financial institution	uthority is to remain in effect unti- o six days before the payment date. named reserve the right to terminate	I understand that both the
Signed				
			or savings account slip here	