

LEAVENWORTH WATER DEPARTMENT

PO Box 576 | 601 Cherokee Street
Leavenworth, KS 66048-0576
Phone: 913-682-1513 Fax: 913-682-0627

EASY-PAY

The convenient, easy way to pay your monthly water bill



What is EASY-PAY?

With our EASY-PAY service, payment of your monthly water bill is automatic – so you can save time, effort, and postage. Plus, electronic banking makes EASY-PAY accurate and reliable.



EASY-PAY benefits for you:

- Convenient and EASY
- Time Saving
- Accurate and Reliable



How does EASY-PAY work?

You will continue to receive your monthly bill. You will know how much your water bill will be and how much the financial institution will automatically pay from your checking or saving account. This amount will be deducted on the delinquent date shown on your bill.



How do I sign up?

It's easy to sign up for EASY-PAY! Just complete the authorization form and mail, fax or bring to our office. Also, please include a voided check from your financial institution.



Don't delay!

Sign up to enjoy the benefits of EASY-PAY today!

EASY-PAY Authorization Form

Name			Name of Financial Institution
Address			Bank Routing Number
City	State	Zip	Account Number
Daytime Telephone Number			Checking or Savings Account
Signature			Date

I authorize Leavenworth Water Department and the financial institute named here to deduct from my account the amount of my monthly service bill on the delinquent date. This option will be effective when indicated on my bill. This authority will remain in full force and effective until revoked by me, my financial institution or Leavenworth Water Department. To cancel this option, I must notify the Leavenworth Water Department in writing. I have a right to stop an EASY-PAY deduction by notifying Leavenworth Water Department at least three business days prior to the effective date. Also, I agree that I remain obligated to pay for utility service in the event that a charge to my account is dishonored, for whatever reason, and Leavenworth Water Department remains as it normal collection rights.

COMPLETE THIS FORM, **ATTACH VOIDED CHECK** AND MAIL, FAX OR BRING TO ADDRESS ABOVE