

Morgan County Rural Water

P.O. Box 1575
Martinsville, IN 46151

Office: 765-342-7370
Fax: 765-342-5141

APPLICATION FOR PAYMENT PLAN **ALL INFORMATION MUST BE COMPLETED**

Pay your bills the easy way. Our plan allows you to pay your utility bill without even leaving your home or mailing a payment to us. Your bill amount is deducted from your checking or savings account each month. You receive a billing statement prior to withdrawal so you will know exactly how much is being withdrawn to pay your monthly bill. **Drafting will take place on or around the 10th of each month.**

So what are you waiting for? **To enroll, fill out the following enrollment form, enclose a voided check or deposit slip from the account which you wish to have the payment deducted from, and return it to the utility office.** You may send the form with a voided check for a checking account or a deposit slip for a savings account with your bill payment. Continue paying your bill as you normally do until you receive notification on your bill that you are on the plan.

If you have any questions, please call us at 765-342-7370 Monday through Friday, 8:00 am to 4:30 pm.

Enrollment Form

Customer Information:

Name: _____

Service
Address: _____

City _____

State _____ ZIP _____

Verify contact phone # _____

MCRW Account Number _____

Banking Information

Financial Institution Name

Account Number : _____
Savings / Checking

**Please be sure to enclose a voided check for the
checking account you wish to have debited.
Enclose a deposit slip for a savings account.**

(____) _____
Telephone

Authorization

I authorize Morgan County Rural Water to instruct my bank, savings & loan or credit union to pay my total bill from my checking or savings account listed. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Morgan County Rural Water in such time and manner so as to afford the company reasonable opportunity to act on it. Discontinuance of this payment service shall not affect any amounts owed by me to the company.

Signature Date

Signature Date

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