



Western Kane County Special Service District No. 1

Application for Automatic Payment Service (APS)

Billing Phone # : 435-644-5645 Email:billing@wkcassd.com
PO Box 36, Kanab, UT 84741

We are now offering Automatic Payment Service (APS), an easy way to pay your WKCASSD invoice by automatic draft from your checking or savings account each month.

To participate in the APS program, please complete and return this authorization form to the Western Kane County Special Service District No.1 (WKCASSD). Please attach a voided check with this form to ensure accuracy in processing your request.

Name on WKCASSD Account: _____

Checking Account Information

Name on Account:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Bank Name:		
Bank Address:		
Phone:	Routing #	Account #

Authorization

I, _____ (please print), hereby authorize the WKCASSD to draw monthly bank drafts on the bank account shown above for the payment of my monthly WKCASSD service invoice on the 15th of each month. I understand that my participation in the APS program will continue until I notify the WKCASSD in writing to discontinue my participation in the APS program and that such discontinuation request can be made at any time via mail or email at the addresses listed above. Both the WKCASSD and the bank also may terminate this agreement with 10 days written notice. I understand that the WKCASSD reserves the right to limit participation in the program to customers whose accounts are in good standing.

Signature: _____ Date: _____

Sign me up for paperless billing. By requesting this service, you will receive only an electronic copy of your bill e-mailed to you each month. Please provide your e-mail below for this request to be effective.

E-mail Address: _____

IMPORTANT!!!

Please attach a check marked "VOID" to this authorization form. The date of each withdraw will appear on your monthly billing statement.