



## DIRECT PAY APPLICATION

*Note: You will be notified on your statement when this goes into effect. Please continue paying your water bill until you receive a bill with a message on it.*

NAME ON METRO WATER ACCOUNT \_\_\_\_\_  
SERVICE ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
HOME PHONE(\_\_\_\_) \_\_\_\_\_ DAYTIME PHONE(\_\_\_\_) \_\_\_\_\_  
METRO WATER ACCOUNT NUMBER \_\_\_\_\_  
NAME OF INSTITUTION \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

**CUSTOMER AUTHORIZATION:** I authorize Metro Water to instruct my financial institution to make my utility payment on the due date from the account listed above. This authority remains in effect until Metro Water District has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until Metro Water District sends me written notice of termination of this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**It is essential that you enclose a voided check.**