



10700 Hwy 1804 North
PO Box 4182
Bismarck, ND 58502-4182
(701) 258-8710 • Fax (701) 223-6041
Email: scwautoread@bektel.com
scwbilling@bektel.com

Date: _____

Customer Name: _____
Service Address: _____
City, State, Zip: _____

RE: AutoPay information
Account: _____

Thank you for your interest in our AutoPay program. The AutoPay program deducts the amount of your water bill from your checking or savings account on the 7th of the month. If the 7th falls on a weekend or holiday it would be deducted on the next business day. When AutoPay is set up for a new account, the first month our bank requires us to give them the account numbers without deducting the amount from the account. The bill will need to be paid as normal. The second month the amount of the water bill will be deducted and the billing statement will say "Do not pay –Acct will be drafted on the 7th".

Please note if you wish to be on AutoPay you must be on our Auto Read system as well.

Please sign this authorization form and attach a **voided check** (not a checking deposit slip or savings deposit slip) and we will set your account up on our AutoPay program. There is no charge for this service.

Please deduct payment from my: Checking Account Savings Account

*** I will write SCWD should I wish to cancel my use of AutoPay or request change of Financial Institution. By signing below, I acknowledge that there will be sufficient funds in my account to cover the draft. SCWD reserves the right to cancel the AutoPay option if there is difficulty with payment. ***

Signature of Account Holder(s)

Date: _____

Date: _____