



## Automatic Bank Debiting Service Reply Form



Please enclose voided check or deposit slip  
with your payment check and bill stub.

I authorize Indianapolis Water to instruct my bank/savings institution to make my water/sewer payments from the account listed below. I understand that if at any time I decide to discontinue this payment service, I will notify Indianapolis Water.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Water/Sewer account number \_\_\_\_\_



Please enclose one

Voided Check

Deposit Slip

### Terms and Conditions

- > I will continue to receive monthly bills. If I dispute the amount, I will have until the transfer date to contact your office.
- > The deduction will be made from my account each month, approximately 17 days after the billing date.
- > This authorization will remain in effect until revoked by me or Indianapolis Water.
- > There is no additional service fee for this payment option. However, there will be a handling fee charged to my account for each payment that cannot be processed due to insufficient funds.
- > **I will notify Indianapolis Water promptly if I change banks or if my bank account number is changed.**
- > **I MAKE AUTHORIZATION SUBJECT TO THE ABOVE TERMS AND CONDITIONS.**

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