

**AUTHORIZATION FOR
AUTOMATED BILL PAYMENT
FOR Grand Lake Public Works Authority**

Return this form to: Grand Lake Public Works Authority, P.O. Box 420 Ochelata, OK 74051

NAME: _____

(as is appears on your bill - PLEASE PRINT)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____

CUSTOMER ACCT #: _____

(as shown on your water bill)

FINANCIAL INSTITUTION: _____

CHECKING ACCT # _____

DATE YOU WISH SERVICE TO BEGIN: _____

Your authority will remain in full force and effect until revoked by you, your financial institution or Grand Lake Public Works Authority. This payment option is offered at no charge by Grand Lake Public Works Authority. To cancel this payment plan, contact Grand Lake Public Works Authority's business office.

IMPORTANT: Please return a **“voided”** check with this form to ensure accurate processing.

I authorized you to charge my checking account on the 20th each month in the amount of my monthly bill and to make that deduction payable to Grand Lake Public Works Authority.

DATE: _____ **SIGNATURE:** _____

(must be authorized signature on Bank Account)

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**“PLEASE WRITE VOID ACROSS YOUR CHECK
AND TAPE HERE”
(PLEASE TAPE, DO NOT STAPLE)**