



Sequoyah County Water Association

3520 W. Cherokee

PO Box 627

Sallisaw, OK 74955-0627

918-775-9672

Website: sequoyahwater.org

Email: scwa@diamondnet.us

SEQUOYAH COUNTY WATER ASSOCIATION

AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENT PLAN

Phone No: _____ **SCWA Acct No:** _____

Name (on SCWA bill) _____

Checking Account Number: _____ Routing Number: _____

I authorize Sequoyah County Water Association (SCWA) to begin monthly deductions for payment of my water bill and for the financial named to pay each amount from my checking account for the date shown on my bill. I understand that I may cancel this authorization by notifying SCWA to remove my account from the Electronic Payment Plan and that SCWA will have thirty (30) days to change my billing. I understand that SCWA reserves the right to terminate my participation in the Electronic Payment Plan. (Payments will come out of your account the 7th of every month)

Date _____ Applicant _____

Applicant _____

Note: To ensure proper bank coding, attach a VOIDED blank check. Please allow 4-6 weeks for implementation of auto bank draft.

Any charges previously waived as a courtesy of SCWA by starting bank draft, will be applied to your SCWA account if your bank draft is returned for NSF or stopped by customer

This institution is an equal opportunity provider and employer.