

Raccoon Water Company  
2640 State Route 161  
Centralia, IL 62801  
618-532-9201  
618-532-9200 Fax

# Application for Electronic Payment Plan

Complete this authorization agreement and send it along with a voided check.

I authorize the financial institution listed below to charge my

\_\_\_\_ Checking Account      \_\_\_\_ Savings Account

\_\_\_\_\_  
Name (as it appears on utility bill)      Water Meter's Account Number

\_\_\_\_\_  
Customer Address

\_\_\_\_\_  
Phone Number      Cell Phone Number

Paper Bill \_\_\_\_\_      Email Bill \_\_\_\_\_

\_\_\_\_\_  
Name & Address of Financial Institution

\_\_\_\_\_ (Name of Bank Account Holder)

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

\_\_\_\_\_  
Routing Number      Account Number

Your draft will be withdrawn on the 10<sup>th</sup> of the month.