

**Public Water Supply District (PWSD) #1 of Mercer County**  
**PO Box 676 – Mercer MO 64661**  
**660-382-4776**

**NEW: ACH Withdrawal and/or Paperless Billing**

To enroll in ACH Withdrawal and/or Paperless Billing options, please fill out the necessary section(s) below. Mark thru any unwanted section. Only forms requesting to enroll in one or both options will need returned. **EACH account requires a completed separate form!**

**Forms will take 30 days to process within the system, therein, understand it is your responsibility to maintain your account balance.**

**-- ALL AUTOPAY CUSTOMERS, WHETHER ACH OR DEBIT/CREDIT CARD WILL AUTOMATICALLY BE ENROLLED IN PAPERLESS BILLING --**

**\*\* Please note, if you're already signed up with autopay (debit or credit card) with mypaystar.net, and you're wanting to cancel, it's your responsibility to log into your account through mypaystar.net/pay/mcpwsd1 and cancel. PWSD#1 of Mercer County is not responsible for signing up or canceling debit/credit card autopayments. Keep in mind, authorization forms will take approximately 30 days to process within the system. \*\***

**PWSD#1 ACCOUNT INFORMATION - (Banking account information is below under ACH Withdrawal heading)**

PWSD Account #: A or B Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City/State/ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\* ACH Withdrawal Authorization Agreement Form \*\***

1. I \_\_\_\_\_ (print name) authorize PWSD#1 of Mercer County to electronically withdraw from the checking or savings account circled below, on the 9th day of each month unless that day falls on a weekend, holiday, office closing or unforeseen circumstance deemed by PWSD#1 of Mercer County, therein, the balance due will be withdrawn on the next business day. **Please note, all NSF (non-sufficient funds) transactions will have a \$50.00 NSF fee added to their account.** It is not the responsibility of PWSD#1 of Mercer County to contact you for NSF transactions. As above, understand it is your responsibility to maintain your account balance. Keep in mind, if payment is not made by the due date, late fees will apply.

2. Remit a blank, voided (write VOID on check) personal check from your designated account for verification.

**BANK DETAILS - Checking or Savings (MUST circle one)**

Bank Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_  
Bank Address: \_\_\_\_\_ Bank Phone: \_\_\_\_\_  
Account #: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Routing #: \_\_\_\_\_

By signing the ACH Withdrawal Authorization Agreement Form, I understand that this authorization will remain in effect until I cancel it in writing, and, I agree to notify PWSD#1 of Mercer County in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend, holiday, office closing or unforeseen circumstances deemed by PWSD#1 of Mercer County, I understand that the payment may be executed on the next business day. For ACH debits to my checking or savings account circled above, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of an ACH Transaction being rejected/denied or Non-Sufficient Funds (NSF), I understand that PWSD#1 will only try processing ACH payments one (1) time. I understand it is my responsibility to contact PWSD#1 of Mercer County of any issues; it is not PWSD#1 of Mercer County's responsibility to contact me for issues including but not limited to NSF/denied/rejected transactions. I understand any and all fee's associated with ACH NSF/denied/rejected transactions will be billed and added to my account. I also understand as per stated above, authorization forms will take 30 days to process within the system.

\_\_\_\_\_  
\*Signature of Account Holder (only)

\_\_\_\_\_  
Date

**\*\* Paperless Billing Authorization Agreement Form \*\***

Check Spam folder - Emails from: [mercercountypwsd1@emailbilling.net](mailto:mercercountypwsd1@emailbilling.net)

I \_\_\_\_\_ (print name) authorize PWSD#1 of Mercer County to enroll the account listed above in paperless billing with the email address I provided above. I understand emails will come from [mercercountypwsd1@emailbilling.net](mailto:mercercountypwsd1@emailbilling.net). I also understand I will **NOT** receive a billing thru the mail.

By signing the Paperless Billing Authorization Agreement Form, I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify PWSD#1 of Mercer County in writing of any changes to my email address at least 15 days prior to the next billing date. I understand it is my responsibility to contact PWSD#1 of Mercer County of any issues and it is not PWSD#1 of Mercer County's responsibility to contact me with email address issues.

\_\_\_\_\_  
\*Signature of Account Holder (only)

\_\_\_\_\_  
Date

\* Signature(s) must be signed by account holder ONLY and filled out in its entirety. ALL information MUST be in the account holder's name on record at PWSD#1 of Mercer County. Forms with missing, inaccurate or unreadable information will be denied without notice. It is your responsibility to check with PWSD#1 to ensure your form was and/or will be processed.