

**PORUM PUBLIC WORKS AUTHORITY  
PO BOX 69  
PORUM, OKLAHOMA 74455  
PHONE: 918-484-5125**

EFFECTIVE JANUARY 1, 2005 PORUM PUBLIC WORKS AUTHORITY WILL BE OFFERING AN ELECTRONIC PAYMENT PLAN.

Name (as it appears on bill) \_\_\_\_\_ Account Number (on bill) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_ Routing Number \_\_\_\_\_

Account Type (circle one)    checking    savings    Account Number \_\_\_\_\_

Institution Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name (s) as Shown on Bank Account \_\_\_\_\_

I authorize Porum Public Works Authority to begin monthly deductions for payment of my water bill and for the financial institution named to pay each amount from my checking or savings account for the date shown on my bill. I understand that I may cancel this authorization by notifying Porum Public Works Authority to remove my account from the Electronic Payment Plan and that Porum Public Works Authority will have 30 days to change my billing. I understand that Porum Public Works Authority reserves the right to terminate my participation in the Electronic Payment Plan.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

**NOTE: To ensure proper bank coding, please attach a VOIDED blank check.**

**\*\* WE WILL DEDUCT ON THE 10<sup>TH</sup> OF EVERY MONTH. IF THE 10<sup>TH</sup> FALLS ON A WEEKEND OR HOLIDAY, WE WILL DEDUCT ON THE NEXT BUSINESS DAY FOLLOWING THE 10<sup>TH</sup>.**