



## Water Department

Dear Parker Water Customer,

I would like to thank you for signing up for bank draft as an option to pay your water bill.

The first billing cycle after your application is received will be a trial-run we call a “pre-note.” This process allows us to make sure that the information in our system matches what you have given us and to make any corrections that need to be made before we draft your water payment from your account. **Please pay your bill as normal the first billing cycle after you have turned in your application.** Remember, the bills always go out on the 1<sup>st</sup> of the month and are due on the 16<sup>th</sup> of the month to avoid any late charges.

Once the “pre-note” is complete and we find that the information is correct, your payment will be drafted on the next billing cycle. If there is a problem with your information, the “pre-note” will advise us of the problem, and we will be in contact with you. If you do not hear from me, water payments will be drafted on or after the due date of the 16<sup>th</sup> of that month.

(For example: Application is turned in 01/15/21. The “pre-note” is done on 02/01/21 and first bill to be drafted will be the 03/01/21 bill, but funds will be drafted on or after the 16<sup>th</sup> of the month.)

Once you receive your bill, it is VERY important to check your bill for accuracy. If you feel there is an error on your bill, please notify the water department by the 10<sup>th</sup> of the month. After the 10<sup>th</sup> of the month, we cannot guarantee that we can correct any errors before the draft date.

Again, thank you for signing up for the bank draft option. If you have any further questions, please contact me at the number below.

Sincerely,  
City of Parker  
Water Department



5700 E. Parker Road, Parker Texas 75002  
972-442-4105 x228

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Customer Name: \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_ City of Parker \_\_\_\_\_, hereinafter called COMPANY, to initiate debit entries to my (our) **Checking Account/Savings Account (select one)** indicated below at the depository financial institution named below, hereafter called BANK, and if necessary, initiate adjustments for any transactions debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Any ACH debit transaction denied due to insufficient funds will be assessed a \$25.00 "Returned Check" fee and posted to the customer's account.

*Please submit the completed form along with **a voided check** (or copy of one if emailing) by mail to the address listed above, email to [kclark@parkertexas.us](mailto:kclark@parkertexas.us) or place in 24-Hour Drop Box located at City Hall.*

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

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

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

This authorization is to remain in full force and effect until COMPANY has received **written** notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and BANK a reasonable opportunity to act on it.

Customer/Payee Name(s) \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact E-Mail \_\_\_\_\_

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

*For City use only:*

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

Date Received \_\_\_\_\_

**NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**