



Cordry-Sweetwater Conservancy District

8377 CORDRY DRIVE NINEVEH, IN 46164
PHONE: 317-933-2893 FAX: 317-933-3628

Authorization to Pay Water Bill

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone #: _____ Cell Phone #: _____

Utility Account: _____ Lake Address: _____

Bank (Financial Institution): _____

Routing #: _____ Checking #: _____

I authorize Cordry-Sweetwater Conservancy District (CSCD) to initiate monthly debits, beginning _____, and continuing each month thereafter for payment of my water bill and for the financial institution specified by me to pay the amount from my checking or savings account. I understand that if the payment is returned for any reason and CSCD incurs any expense for this return, CSCD will charge me \$25 return fee payable at the CSCD Office. This authority is to remain in effect until revoked in writing. I understand that both CSCD and my financial institution reserve the right to terminate this payment plan or my participation therein.

Date: _____ Signature: _____