

# GRAND LAKE PUBLIC WORKS AUTHORITY

P.O. Box 420 Ochelata, OK 74051 Phone: 918-535-2302 800-448-3264 FAX: 918-535-2981

May 30, 2008

In an effort to better serve our customers, we will be offering automated direct payments to Grand Lake Public Works Authority customers. If you would like to have your GLPWA bill automatically deducted from your account each month, please complete the enclosed form and return it to our office. The deduction from your account will begin 30-60 days after your form is returned to our office. Please continue to pay your bill as usual until your bill reflects a "DO NOT PAY MESSAGE".

Please fill in all of the blank spaces and attach a voided blank check on the enclosed form. The information provided on the form is strictly for our use and will remain confidential.

If you have any questions or need assistance please call our office at 918-535-2302.

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(please maintain for your records)

On \_\_\_\_\_, I authorized Grand Lake Public Works Authority and \_\_\_\_\_  
(Date) (Name of Financial Institution)

to deduct from my account on the 20th of each month, the amount of my monthly service bill.

I have the right to stop an Automatic Bill Payment Deduction by notifying Grand Lake Public Works Authority at least 10 days prior to effective date.

**AUTHORIZATION FOR  
AUTOMATED BILL PAYMENT  
FOR Grand Lake Public Works Authority**

Return this form to: Grand Lake Public Works Authority, P.O. Box 420 Ochelata, OK 74051

**NAME:** \_\_\_\_\_

(as is appears on your bill - PLEASE PRINT)

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CUSTOMER ACCT #:** \_\_\_\_\_  
(as shown on your water bill)

**FINANCIAL INSTITUTION:** \_\_\_\_\_

**CHECKING ACCT #** \_\_\_\_\_

**DATE YOU WISH SERVICE TO BEGIN:** \_\_\_\_\_

Your authority will remain in full force and effect until revoked by you, your financial institution or Grand Lake Public Works Authority. This payment option is offered at no charge by Grand Lake Public Works Authority. To cancel this payment plan, contact Grand Lake Public Works Authority's business office.

**IMPORTANT:** Please return a **“voided”** check with this form to ensure accurate processing.

I authorized you to charge my checking account on the 20th each month in the amount of my monthly bill and to make that deduction payable to Grand Lake Public Works Authority.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

(must be authorized signature on Bank Account)

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**“PLEASE WRITE VOID ACROSS YOUR CHECK  
AND TAPE HERE”  
(PLEASE TAPE, DO NOT STAPLE)**