

MIDWAY WATER & SEWER SERVICE
APPLICATION FOR WATER, SEWER & GARBAGE SERVICE
\$75.00 Deposit Required – Check, Cashier Check, Money Order
City of Midway, PO Box 4275, Midway, KY 40347

DATE OF SERVICE: _____ DATE OF DEPOSIT: _____

ACCOUNT NUMBER: _____ METER READING: _____

NAME(S): _____

ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

DRIVERS LIC# _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

PROPERTY OWNER: _____

PREVIOUS ADDRESS: _____

YEARS AT PREVIOUS ADDRESS: _____ NUMBER IN HOUSEHOLD _____

LAST WATER AND SEWER SERVICE PROVIDER: _____

SIGNATURE: _____ DATE: _____

CITY OF MIDWAY WATER BILLING AUTHORIZATION AGREEMENT FOR
PREAUTHORIZED PAYMENTS

NAME(S) _____ WATER SVC ACCT # _____

I (We) hereby authorize Midway Water, Sewer, Garbage hereinafter called COMPANY, to initiate bank debit entries to my (our) [] Checking [] Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account.

VOIDED CHECK NEEDED FOR VERIFICATION OF INFORMATION

DEPOSITORY

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT/ABA# _____ ACCOUNT# _____

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

DRIVERS LICENSE _____

DATE _____ SIGNED _____