

**Authorization Agreement
Direct Payment (ACH Debits)**

Name _____

Phone _____

Street City/State Zip

RWD#4 Acct. # _____

I (we) hereby authorize Rural Water District No. 4 to initiate monthly debits, beginning next month and continuing each month thereafter, to my (our) account indicated below and the financial institution named below, to debit the same to such account.

This authorization is for the purpose of payment of my (our) monthly water service and I understand that amounts may vary.

Name of Financial Institution Branch

Address City/State Zip

Routing Number Account Number Type of account checking savings

I (we) understand that both Rural Water District No. 4 and my financial institution, reserve the right to terminate this payment plan or my participation therein. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authority is to remain in effect until Rural Water District No. 4 has received written notification from me (or either of us) of its termination in such time and manner as to afford Rural Water District No. 4 and my financial institution a reasonable opportunity to act on it.

Print Names on Account:

Signature

Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM