

Debit Authorization

I (we) _____ hereby authorize Adair County PWSD1, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for monthly water bills. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___ Checking ___ Savings

This authority is to remain in full force and effect until Adair County PWSD1 has received written notification from me (or either of us) of its termination in such time and manner as to afford Adair County PWSD1 and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Print Individual ID Number) (Date)

DAY PHONE NUMBER: _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!