

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize McCurtain County Rural Water District No. 1, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter call FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge 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 code)

\_\_\_\_\_  
(Routing/transit number) (Account Number) (Contact Number (s) )

Type of Acct: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

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

\_\_\_\_\_  
(print individual name)

\_\_\_\_\_  
(print individual name)

\_\_\_\_\_  
(print individual ID number)

\_\_\_\_\_  
(print individual ID number)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**

**PLEASE NOTE!** You are still responsible for reading your meter and calling the reading in, mailing or bring it to the office.  
As policy has stated in the past and still will be enforced for the future, failure to read your meter will result in a \$25.00 charge.

By signing this portion of the form you acknowledge you understand you are the responsible party for reading your meter.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)