Authorization for Direct Payments (ACH) Debits)

Company Name: __PWSD #2 of Andrew Co.___ Customer ID Number:_____

I (We) hereby authorize PWSD #2 of Andrew Co., hereinafter called COMPANY initiate debit entries to my (our) ( ) Checking ( ) Savings account (select one). Indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S law.

BANK DEPOSITORY
NAME_____

BRANCH _____

CITY _____ STATE _____ ZIPCODE _____

ROUTING BANK
TRANSIT/ABA NO._____ ACCOUNT NO _____

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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) on Bank Account

_____

DATE _____

SIGNED _____

Contact us to update your banking information if anything changes. Failure to update your banking information may result in return penalties and fees. Please include a voided check to ensure accuracy in bank account information.

PWSD #2 of Andrew Co.
P.O. Box 210
Cosby, Mo 64436

Phone # 816-378-3395 email:publicwater2@pwsd2andrewcounty.com