

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.

DEPOSITORY
NAME _____

BRANCH _____

CITY _____ STATE _____ ZIPCODE _____

ROUTING/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) _____

DATE _____

SIGNED _____

Please fill in the area's highlighted in grey. All other sections will be filled out once the form is processed. You must contact us and update your banking information if anything changes. Failure to update your banking information, may result in return penalties and fee's. When you return the form you must enclose a voided check. When mailing please send it to the address below:

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

Our Phone # 816-378-3395

Our email publicwater2@unitedsky.net