

ACH Debit Authorization Agreement

DEBIT ACCOUNT INFORMATION

Personal or Business Name: _____

Personal or Business Address (Street, City, State & Zip): _____

Bank Name: _____

Bank Address (Street, City, State & Zip): _____

Bank Routing Number (between symbols |: |: on bottom left corner of check): _____

Account Number: _____ Checking Savings

Account Type: Personal (Consumer)
 Business

Payment Amount: Variable Payment (This indicates the amount is different for every payment)
 Monthly The payment will be pulled from the expressed account around the 20th of each month



Please attach a voided check or savings deposit slip

AUTHORIZATION

I, (name) _____, authorize **Brookings-Deuel Rural Water System** to initiate automatic debit entries to the account at the bank listed above. I authorize the initiation of credit entries, if necessary, to complete adjustments for any duplicate or erroneous entries made in error to the account listed above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law and bound by NACHA Operating Rules and Guidelines.

This Authorization Agreement will remain in effect until I notify you in writing to cancel or change it, and in such time, as to afford Brookings-Deuel Rural Water System a reasonable opportunity to act on it. By signing this authorization I hereby acknowledge receipt of a copy of this signed Authorization Agreement.

Name (Please Print)

Signature of Debiting Account Holder

Date