

Authorization for Automatic Payments (ACH Debits)

Company Name: Rural Water District No. 2, Sedgwick County, Kansas

I (we) hereby authorize Rural Water District No. 2, Sedgwick County, KS., hereinafter called COMPANY, to initiate debit entries to my (our) ☒ **Checking** ☐ **Savings** account (select one) indicated below at 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.

Financial Institution _____

Account No. _____ **Routing/ABA No.** _____

Frequency: Monthly on the 15th (If the 15th falls on a Friday, Saturday or Sunday your account will be debited the following Monday)

Amount: Exact amount of bill plus a \$.50 convenience fee

This authorization 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 (printed) _____

SIGNATURE _____

ADDRESS _____

Phone _____

DATE _____

***ALL ABOVE MUST BE COMPLETED FOR ACH TO BE VALID**