

EAST WASHINGTON RURAL WATER

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize East Washington Rural Water to initiate a debit/credit entry to my (our) _____Checking Account or _____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. Draft due date is the **12th** of the month or the next business day.

Bank Name _____

Address of property this ACH is for _____

Bank	Bank
Routing	Account
Number _____	Number _____

This authorization is to remain in full force and effect until East Washington Rural Water has received verbal or written notification. **Customer must give East Washington Rural Water a 15 day notice for changes or termination.**

Name(s) _____ Acct. # _____
(Please Print) (Utility Account Number)

Phone Number (home) _____ Phone Number (work) _____

Date _____ Signature _____

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE INCLUDE A VOIDED CHECK