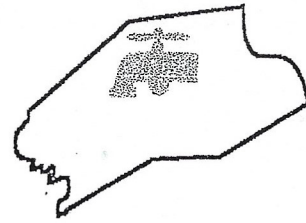


Webster County Water District



Debit Authorization

I (we) hereby authorize **Webster County Water District**, hereinafter called WCWD, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for Direct Payment. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

_____ Type of Acct: ___ Checking ___ Savings
(Routing Number) (Account Number)

This authority is to remain in full force and effect until WCWD has received written notification from me (or either of us) of its termination in such time and manner as to afford WCWD and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Print Individual ID Number)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

⑆	111999087	⑆	9876554321	⑆	0001
	ROUTING NUMBER		ACCOUNT NUMBER		CHECK NUMBER