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)

_____ _____ ☐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 Water Account Holder Name) (Signature)

_____ _____

(Print Water Account Number) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!