

DEBIT AUTHORIZATION

I (we) hereby authorize **River Road Utility District**, hereinafter called Company, 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 (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Branch

Address

City/State/Zip

Routing Number Account Number

Type of Account: _____ Checking _____ Savings

Amount : Determined by the monthly water usage. You will receive a monthly bill which will give you the amount to be drafted.

River Road Utility Account Number: _____

Frequency: **Monthly**

Date of Debit : **10th of the Month**

Start Date _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

This authority 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 manner as to afford Company and Financial Institution a reasonable opportunity to act on it. *(5 business days prior to debit)*

Print or Type Individual Name

Signature

Date

Please Attach Copy of Voided Check to This Form & a copy of your Driver License.