

# ACH Authorization Form

Customer Name: \_\_\_\_\_ Customer ID: \_\_\_\_\_

We (the "customer") authorize PLAUCHEVILLE WATER SYSTEM (the "company") to initiate debit entries and if necessary appropriate credit and adjustment entries electronically or by any other commercially accepted method to my/our account (s) indicated below and to other accounts I/we identify in the future (the account). This agreement authorizes the financial institution holding the Account to post all such entries and will continue to effect until the Company receives written notice of termination from the Customer and has a reasonable opportunity to act on it. The Customer further agrees not to close any related account (s) without giving the Company prior written notice. I/We acknowledge that the origination of these transactions must comply with the provisions of the U.S. Law.

As a convenience, the Company can draft either a portion of our payment or your entire payment from the financial institution of your choice. The full amount is due from all accounts by the agreed upon due date. Please check with our office to verify the initial start date of the payment process.

Account Type (check one):  Checking  Savings

Depository Name (Bank Name): \_\_\_\_\_

Routing Number (ABA#): \_\_\_\_\_

Account Number: \_\_\_\_\_

## Include Sample Check

Important: This document must be executed by an authorized account signer when requesting or authorizing ACH transactions to the account (s) listed above. Please attach a voided check or saving slip for each account to help verify account information.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_