



**AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS — ACH DEBITS**

I (we) hereby authorize **Payne County Rural Water District 3**, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**Bank Info:**

_____	_____	_____
Financial Institution Name	Bank Branch (if needed)	Bank Phone
_____	_____	
Bank Address	Bank City, State Zip	
_____	_____	Type of Acct: ___ Checking ___ Savings
Transit Routing Number	Bank Account Number	

**Rwd 3 Member Info:**

_____	_____	_____
Customer Phone	Rwd Account Number	Date of First Draft
_____		___ Include Transfer Fee on First Draft
E-mail		___ Paperless Billing

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.

_____	_____	
Print individual name	Print individual name	
_____	_____	_____
Signature	Signature	Date

*Please Attach Copy of Voided Check to This Form*

**Mail To:**

Rural Water District # 3, Payne County, Oklahoma  
PO Box 1748  
Stillwater, OK 74076

405-707-7100

Or scan signed form and voided check and E-mail to [Info@Rwd3.com](mailto:Info@Rwd3.com)

Revised 01 April 2023