

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	
_____ Transit Routing Number	_____ Bank Account Number	Type of Acct: ___ Checking ___ Savings

Membership Info:		
_____ Date	_____ Customer Phone	_____ Rwd Account Number
<p>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.</p>		
_____ Print individual name	_____ Print individual name	
_____ Signature	_____ Signature	

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

Revised 18 October 2016