



**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS — ACH DEBITS**

I (we) hereby authorize **Rural Water District 3, Payne County**, 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: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Transit Routing Number	Bank Account Number	

Rwd 3 Member Info:

_____	_____	_____
Customer Phone	Rwd Account Number	Date of First Draft
_____	<input type="checkbox"/> Include Transfer Fee on First Draft	
E-mail	<input type="checkbox"/> Paperless Billing	
<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	Date

Please Attach Copy of Voided Check to This Form

Mail To:

Rural Water District 3, Payne County
PO Box 1748
Stillwater, OK 74076
405-707-7100

Or — scan signed form and voided check, then E-mail to Info@Rwd3.com