

ACH DIRECT PAYMENT AUTHORIZATION (ACH DEBITS)

Customer Name _____

I (we) authorize Davison Rural Water System, Inc. to initiate electronic debit entries to my (our) Checking Account or Savings Account indicated below at the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name: _____

Account Type: _____ Checking Account or _____ Savings Account

Routing Number : _____

Account Number: _____

Would you like payment processed on 10th or 20th of month? _____ 10th _____ 20th

Would you like your bill _____ Emailed _____ Mailed

PLEASE ATTACH A VOIDED CHECK

This authorization will remain in effect until Davison Rural Water System, Inc. has received written notification from me (or either of us) of its termination.

Printed Name: _____

Signature: _____

Customer Email Address: _____

Date: _____

Customer Account #: _____

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS