

## ACH DIRECT PAYMENT AUTHORIZATION (ACH DEBITS)

Customer Name \_\_\_\_\_

I (we) authorize Hanson 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: \_\_\_\_\_

**Payments will be processed on the 15<sup>th</sup> of each month.**

Would you like your bill \_\_\_\_\_ Emailed \_\_\_\_\_ Mailed

### PLEASE ATTACH A VOIDED CHECK

This authorization will remain in effect until Hanson 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**