

**AUTOMATED CLEARING HOUSE (ACH) ORGINATOR AGREEMENT**

**ATTACHMENT**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize McCurtain County Rural Water District No. 5, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter call 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. **PLEASE PRINT CLEARLY.**

\_\_\_\_\_  
(Financial institution name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City-State)

\_\_\_\_\_  
(Zip code)

\_\_\_\_\_  
(Routing/transit number)

\_\_\_\_\_  
(Account Number)

Type of Acct: \_\_\_\_ Checking \_\_\_\_ Savings

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)

\_\_\_\_\_  
(date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**

Water Department Account #(s): \_\_\_\_\_