

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

I (we) hereby authorize the Northwest Rural Water District, hereinafter referred to as NRWD, to automatically withdraw monthly, the amount of the utility bill due at the service location of _____.

From:

(Financial Institution Name)

(Address)

(City-State)

(Zip)

(Routing/Transit Number)

(Account Number)

Type of Acct: _____ Checking _____ Savings

Billing Date to Begin Automatic Withdraw Agreement: _____

This agreement may be cancelled by either party giving written notice to the other party. The automatic withdraw will occur 15 days from each billing date. If an automatic payment is returned unpaid for insufficient funds, closed account, or other reason, a \$30.00 fee will be charged to the utility account. Returned payments may also result in additional late fees.

(print individual name)

(print individual name)

(Signature)

(Signature)

(date)

(customer account #)

(Phone #)

Email Address

**PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM
(Customer retains second copy)**