

Sequoyah County Rural Water District #4



PO Box 128 / 461426 East 1105 Road

Sallisaw, OK 74955

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ACH DEBIT AUTHORIZATION

I/we _____ hereby authorize Sequoyah County Rural
(Member Name(s))

Water District #4, hereinafter called the District, to initiate entries to my/our account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for **monthly water bill payment** for service account number(s) _____.

I/we acknowledge that the origination of ACH transactions to my/our account must comply with provisions of U.S. law.

Service Address

City / State / Zip

Phone Number

Bank Account Information:

Type of Account: Checking: _____ Savings: _____

Name(s) on Account

Financial Institution Name

Routing Number: _____ Account Number: _____

This authority is to remain in full force and effect until the District has received written notification from me / us of its termination in such time and manner as to afford the District and Financial Institution a reasonable opportunity to act on it. If the payment is rejected for any reason (NSF, frozen account, etc.) I understand that the District may attempt to process the transaction again within 30 days, and I agree to an additional \$25.00 charge for each attempt that is rejected, which will be initiated as a separate transaction from the authorized payment. This authority may be terminated by the District in the event a transaction is rejected.

Print Individual Name

Signature

Date

A VOIDED CHECK IS NOT NECESSARY BUT RECOMMENDED