

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name - Riley County Rural Water District #1

I (we) hereby authorize Riley County Rural Water District #1, hereinafter called the COMPANY, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Service ID# Date

Service Address

Signature Signature

Print Print

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

DEPOSITORY INFORMATION - BANK INFORMATION

Name Branch

City State Zip

Routing Number

Account Number

INSTRUCTIONS:

- 1. Fill out authorization agreement form
- 2. Mail form with a voided check to:  
Riley Co. Rural Water #1  
2616 Eureka Terrace  
Manhattan, KS 66503

Notes:

- 1. Account will be debited on the 20th of each month.
- 2. Refused debit will result in a \$25.00 service charge being added to balance.
- 3. Cancellation of debit authorization must be done in writing.