

**AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS**

Name(s) and address of Account Holder

Customer Account Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer Tap/File Number

\_\_\_\_\_

\_\_\_\_\_

I (we) hereby authorize Ross County Water Company (RCWC) to initiate debit entries to my (our) Checking/Savings account indicated below and the depository named below, hereinafter called Depository, to debit the same to such account.

Bank Name \_\_\_\_\_ **Checking or Savings** (circle one)

Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

This authority is to remain in full force and effect until RCWC and Depository have each received written notification from me (or either of us) of its termination in such time and in such manner as to afford RCWC and Depository a reasonable opportunity to act on it. I (we) will receive prior written notice of the amount to be debited to my (our) account which will allow me (or either of us) to stop payment of the debit entry by notifying the Depository at least three days prior to the date the account is to be charged. I (we) will send written notice of an erroneous charge to the account to the Depository within 15 days of the issuance of the account statement or 45 days after the account was charged, whichever occurs first.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

DAY TIME PHONE NUMBER \_\_\_\_\_