

**RURAL WATER DISTRICT #1  
JEFFERSON COUNTY, KANSAS  
MERIDEN, KS 66512**

**PO BOX 266**

**(785)484-2883**

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**

**I (we) hereby authorize Rural Water District No. 1, Jefferson County, Kansas, hereinafter referred to as ORIGINATOR, to initiate debit entries to the deposit account indicated below and the depository bank, hereinafter called DEPOSITORY, debit the same to such account. Such payments will be debited on the 16<sup>th</sup> day of each month or if the 16<sup>th</sup> falls on a non-business day, payments will be debited on the next business day.**

**If my financial institution should return any such electronic debit's as Non-Sufficient funds (NSF), I authorize ORIGINATOR collect a \$30.00 return item fee. I further understand that if my financial institution within a twelve-month period returns two or more electronic debits, the ORIGINATOR has the right to refuse payment via electronic funds transfer, and this agreement will be suspended for a period of twelve months.**

**This authorization is to remain in full force effect until ORIGINATOR and DEPOSITORY receive written notification of termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY reasonable opportunity to act on it.**

**Name(s):** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Mailing Address (if different than above):** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Name of Financial Institution:** \_\_\_\_\_ **Chking Acnt No.** \_\_\_\_\_

**9 Digit Routing No:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE ATTACH  
VOIDED CHECK HERE**

**(NO CARBON COPIES OR DEPOSIT TICKETS, PLEASE)**

**To be filled out by office:**

**Acct #** \_\_\_\_\_

**Rec'd:** \_\_\_\_\_

**1<sup>st</sup> ACH Date:** \_\_\_\_\_