

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 16th day of each month or if the 16th 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: _____

1st ACH Date: _____