

OFFICE PHONE

1-785-484-2883

Monday thru Friday

9 a.m. to 1 p.m.

FAX 1-785-484-2417

SERVICE PHONES

1-785-249-6952

rwd1meriden@gmail.com

**JEFFERSON COUNTY
Rural Water District No. 1**

P.O. BOX 266
MERIDEN, KANSAS 66512

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

I/We hereby authorize Rural Water District No. 1, Jefferson County, Kansas, herein after referred to as ORIGINATOR, to initiate debit entries to the deposit account indicated below and the depository bank, Denison State Bank, hereinafter called DEPOSITORY, debits 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, the payments will be debited on the next business day.

If my/our financial institution should return any such electronic debit(s) as Non-Sufficient Funds (NSF), I/We authorize the ORIGINATOR to collect a \$30.00 return item fee. I/We further understand that if my/our financial institution returns two or more electronic debits within a 12-month period, the ORIGINATOR has the right to refuse payment via electronic funds transfer, and this agreement will be suspended for a period of 12 months.

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

Please Print:

Name(s): _____

Service Address: _____

Mailing Address: _____
(if different than above)

City, State, Zip: _____ Cell Phone: _____

E-mail address: _____

Name of Financial Institution: _____

9-Digit Routing Number: _____ Account No.: _____

Maximum amount that can be debited from your account per month: \$ _____
Suggested Residential @ \$75.00 – Swimming Pool/Farm/Cattle @ \$200.00

I/We hereby give authority to have funds withdrawn from the above listed account as of this _____ day of _____, 20____.

Signature

Signature, if a Joint Account

**PLEASE INCLUDE YOUR VOIDED CHECK
(NO CARBON COPIES or DEPOSIT TICKETS, PLEASE)**

To be filled out by our office:

Acct #: _____ Date Rec'd: _____ 1st ACH Date: _____