

Debit Authorization

I hereby authorize Okfuskee County Rural Water District #2, hereinafter called "Company," to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called "Financial Institution," to debit the same to such account. I acknowledge that should such debit be returned for Non-Sufficient Funds I will be charged a \$35 NSF fee plus \$2.00 for bank fees. I acknowledge that debits shall be initiated on the 10th of each month and that this date cannot be changed. Should the 10th fall on a weekend or holiday, the debit will be initiated on the following work day. I acknowledge that debits will not occur on accounts with a balance of less than \$1.00. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___ Checking ___ Savings

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on the request.

(Print Individual Name) (Signature)

(Print RWD #2 Account Number) (Date)

You must fill out a Debit Authorization for each individual account.

PLEASE ATTACH COPY OF VOIDED CHECK HERE