

Authorization for Direct Payment VIA ACH (ACH Debits)

Ragland Water Works Account Number: _____

I (we) hereby authorize _____ ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Select One:

_____ Checking Account

_____ Savings Account

At the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: Notify on Monthly Billing Statements.

Date(s) and/or frequency of debit(s): Monthly on the 12th. If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

This authority is to remain in full force and effect until **RAGLAND WATER WORKS** has received written notification from me (or either of us) of its termination in such time and manner as to afford _____ and Financial Institution a reasonable opportunity to act on it.

RAGLAND WATER WORKS

Name(s) _____ (Please Print)

Signature(s) _____

Date _____