
ACCOUNT NUMBER

AUTHORIZATION FOR ELECTRONIC ENTRIES TO CHECKING ACCOUNT

The undersigned hereby authorizes PWSD #1 of Ralls County Missouri (the Company) to make electronic debit entries and any necessary adjustments involving these entries in the account identified below at _____ (Your Bank) and authorizes the Bank to accept such entries and make any necessary adjustments. It is agreed that these entries will be made under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until **written** notice of termination is delivered to the Company in a timely manner so as to afford the Company an opportunity to act thereon. In no event shall such termination be effective as to entries processed prior to receipt of such notice.

PWSD #1 of Ralls County, Missouri will **draft the payment on the business day preceding the due date of your bill.**

This procedure **does take one test run, therefore, your first draft will take effect with your** _____ payment.

Account Information:

Bank Name _____

City & State _____

Transit Routing # _____

Account # _____

Account Title _____

Signature of Authorizing Party: _____

Date: _____

Please attach a voided check or a photocopy of a cancelled check below.