



ACH Authorization Agreement For direct payment (ACH Debit)

Customer Name: _____ Phone Number: _____

PIDN: _____ Service Address: _____

I hereby authorize Embarras Area Water District (EAWD) to initiate MONTHLY debit entries to my

Checking account

Savings account

with the account number from the depository financial institution named below, hereinafter called

DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH

transactions to my account must comply with the provisions of U.S. Law.

DEPOSITORY (BANK): _____

TRANSIT ROUTING/ ABA NUMBER: _____

ACCOUNT NUMBER: _____

This authorization will remain in effect until EAWD has received written notification from me of its termination and in time to afford EAWD and DEPOSITORY a reasonable opportunity to act.

Signed: _____ Date: _____

REQUIRED: PLEASE ATTACH A SAMPLE VOIDED DEPOSIT SLIP OR CHECK