

ACH AUTHORIZATION AGREEMENT

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: South Logan County Public Water Facilities Board **Company ID:** 3310

Water Account Number: _____

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

PLEASE ATTACHED A COPY OF A VOIDED CHECK OR A LETTER OF VERIFICATION FROM THE FINANCIAL BANKING INSTITUTION.

Name	
Bank Name	
Routing Number	Account Number
Signature	
Signature	
Date	
NOTE: ALL WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	

I (we) hereby authorize South Logan County Public Water Facilities Board, hereinafter called COMPANY, to initiate debit entries to my (our) _____ **Checking Account** _____ **Savings Account (select one)** indicated above at the depository financial institution named above, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.