

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Tripp County Water User District and the financial institution named below to initiate entries to my checking/savings account on or before the 10th of each month, depending what day the 10th lands during each month. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution.

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT)

TCWUD ACCT NO. _____ PHONE NUMBER _____

CHECKING ACCT NO. _____ SAVINGS ACCT NO. _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

TO ENROLL IN THE ACH PROCESS YOU WILL BE REQUIRED TO PROVIDE OUR OFFICE WITH A VOIDED CHECK OR A COPY OF ONE OF YOUR CHECKS. BY DOING SO THIS WILL ENSURE WE HAVE CORRECT ACCOUNT AND ROUTING NUMBERS.

IF FOR ANY REASON YOUR ACH PAYMENT IS RETURNED TO OUR OFFICE AS INSUFFICIENT TCWUD WILL ALLOW YOU TO MAKE ALTERNATE PAYMENTS. AFTER THE SECOND TIME YOU WILL BE REMOVED FROM THE ACH PROCESS AND WILL HAVE TO RETURN TO AN OLD PAYMENT OPTIONS.

PLEASE MARK APPROPRIATE LINE PERTAINING TO OWNER OR RENTOR OF THIS ACCOUNT.

_____ OWNER _____ RENTOR

IF YOU ARE A SELF BILLING CUSTOMER YOU WILL NEED TO CALL OR EMAIL YOUR METER READING ON OR BY THE FIRST OF EVERY MONTH.

PLEASE CALL 842-2755 OR EMAIL to tcwud@gwtc.net

SIGNATURE

DATE