

AUTHORIZATION AGREEMENT FOR AUTO PAY

RWD 3 Benefit No. _____

I/we hereby authorize Rural Water District #3, Rogers County, to initiate debit entries to my/our
CHECKING SAVINGS account (select one) indicated below and the bank named below, to
debit same to such account.

Name of Bank: _____

City _____ State _____ Zip _____

Email Address: _____ @ _____

Routing Number: _____ Bank Account Number: _____

I/we understand that the amount that is due each month will be deducted from my bank account on the 10th
of each month. I/we take full responsibility to notify RWD 3 of discontinuation of Auto Pay.
This authority is to remain in full force and effect until RWD 3 has received written notification from me of
its termination in such time and in such manner as to afford RWD 3 a reasonable opportunity to act on it.

*** NOTICE MUST BE GIVEN TO RWD 3 BEFORE THE 6TH DAY OF THE DESIRED MONTH OF
DISCONTINUATION. FOR ALL CHARGE BACKS THERE WILL BE A \$31.25 FEE.**

(Signature)

(Print Name) Date: _____

Rcvd by: (initial) _____

PLEASE ATTACH OR EMAIL A VOIDED CHECK