

## ACH DIRECT PAYMENT AUTHORIZATION

(NO EXTRA FEES FOR THIS SERVICE)

I authorize Randall Community Water District (RCWD) to initiate electronic ACH debit entries to my checking/savings account in the amount of my monthly water bill. It is the customer's responsibility to have funds available at the time of the debit. If the debit is returned to RCWD, your account will be charged a \$20.00 NSF fee. Your financial institution may also charge an NSF fee, please check with your institution. This authority will remain in effect until cancellation, this can be done by notifying RCWD in writing at least five business days prior to the day the debit will occur.

**\*\*PLEASE WRITE LEGIBLY TO AVOID ERRORS OR DELAYS\*\***

Date: \_\_\_\_\_ RCWD Account Number(s): \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

**\*\* Please include copy of voided check for checking account or savings account deposit ticket, which has bank routing number and account number printed on it, for savings account.**

**\*\* The ACH debit will be on the 15<sup>th</sup> of each month. If the 15<sup>th</sup> falls on the weekend or holiday, the debit will occur the following business day.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO THE OFFICE AT LEAST FIVE BUSINESS DAYS  
BEFORE THE 15<sup>TH</sup> OF THE MONTH.**