

**AUTHORIZATION AGREEMENT
AUTOMATIC PAYMENTS (ACH DEBITS)**

I, _____ hereby authorize Adair County Rural Water District No. 5, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my(our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

(Financial Institution Name)	(Branch, if known)	
(Bank's Address)	(City/State)	(Zip)
(Bank Routing Number)	(Bank Account Number)	

Type of Account: Checking Savings

This authority is to remain in full force and effect until Adair County Rural Water District No. 5 has received written notification from me (or either of us) of its termination in such time and manner as to afford Adair County Rural Water District No. 5 and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print your RWD No. 5 Account Number(s))

(Print Individual Name)

(Signature)

____/____/_____
(Date)

PLEASE INCLUDE OR ATTACH VOIDED CHECK OR COPY TO THIS FORM

*Remember the water bills are due on or before the 16th.