

COMANCHE COUNTY RURAL WATER DISTRICT #1
25560 STATE HIGHWAY 58 LAWTON, OK 73507-7778
Phone: (580) 492-4165 Fax: (580) 492-4164
Office Hours 8:30am-12:30pm Weekdays

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Comanche County Rural Water District #1, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I agree to have my (our) account **debited on the 10th** of each month. If the 10th falls on a weekend, it will be debited the following Monday. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

| | |
|------------------------------|---|
| _____ | _____ |
| (Financial Institution Name) | (Branch) |
| _____ | |
| (Address) | (City-State) |
| (Zip) | |
| _____ | _____ Type of Acct: <input type="checkbox"/> Checking |
| (Routing/Transit Number) | (Account Number) <input type="checkbox"/> Savings |

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. (**The RWD#1 requires a thirty day written notice**)

| | |
|-------------------------|-------------------------|
| _____ | _____ |
| (print individual name) | (print individual name) |
| _____ | _____ |
| (Signature) | Signature |
| _____ | _____ |
| (date) | (date) |

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM
*This form must be returned by the 15th of the month in order to be debited on the following month.