

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 10<sup>th</sup>** of each month. If the 10<sup>th</sup> 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.    **RWD#1 Acct #** \_\_\_\_\_

(Financial Institution Name)	(Branch)
(Address) (Zip)	(City-State)
(Routing/Transit Number)	_____ Type of Acct: <input type="checkbox"/> Checking (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 15<sup>th</sup> of the month in order to debited on the following month.