

\* PLEASE ATTACH A VOIDED CHECK OR FINANCIAL INSTITUTION VERIFICATION LETTER FOR ACCOUNT VALIDATION.\*

106 SE 421 Road  
Warrensburg, MO 64093-8390  
Voice: 660-429-2494  
Fax: 660-429-2978  
Email: [admin@pwsd3.com](mailto:admin@pwsd3.com)

## Public Water Supply District #3 of Johnson County

Service Address: \_\_\_\_\_

Acct #: \_\_\_\_\_

### Authorization Agreement for Direct Payment (ACH Debit)

#### Authorization Agreement

I (we) hereby authorize **PWSD #3** to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the organization of ACH transactions to my (our) account must comply with the provisions of U.S. law.

#### Account Information

Name(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

#### Payment Information

Start Date: \_\_\_\_\_

Frequency of Payment:  15<sup>th</sup> of each month

Amount of Monthly Statement

Payment: Maximum Amount to withdraw: \_\_\_\_\_  Other amount, please specify: \_\_\_\_\_

#### Signature

This authorization is to remain in full force and effect until **PWSD #3** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **PWSD #3** and DEPOSITORY a reasonable opportunity to act on it.

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check and return this form.**

Entered by/date: \_\_\_\_\_

Verified by/date: \_\_\_\_\_



Member FDIC