

# **TILLMAN COUNTY RURAL WATER DISTRICT #1**

PO BOX 160  
CHATTANOOGA, OKLA. 73528  
PHONE (580) 597-3097

TDD-TTY 711

204 3<sup>RD</sup> STREET  
CHATTANOOGA, OKLA. 73528  
FAX (580) 597-3098

## **AUTHORIZATION TO PAY WATER BILL (BANK DRAFT) DIRECT PAYMENTS (ACH DEBITS)**

I (we) authorize TILLMAN COUNTY RURAL WATER DISTRICT #1 to initiate debit entries for payment of monthly water bills from TCRWD #1 to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the 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 that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

This authorization is for the purpose of paying monthly water bills from TCRWD #1 and I (we) understand that amount may vary and I (we) authorize payments in amounts as indicated below.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

This authority is to remain in full force and effect until TCRWD #1 has received written notification from me (or either of us) of its termination in such time and manner as to afford TCRWD #1 and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

**\* PLEASE ATTACH A VOIDED CHECK TO THIS FORM! \***