

Consolidated Rural Water District No 4

Shawnee County, Kansas

P.O. Box 750777

Topeka, KS 66675-0777

(785) 286-1729

Electronic Funds Transfer Authorization Form

I (we) herby authorize Consolidated Rural Water District No 4, Shawnee County, Kansas, hereinafter referred to as ORIGINATOR, to initiate debit entries to the deposit account indicated below and the depository bank named below, hereinafter called DEPOSITORY, debit the same to such account. Such payments will be debited on the 20th day of each month, or if the 20th falls on a non-business day, payments will be debited on the next business day.

If my financial institution should return any such electronic debit(s) as Non-Sufficient funds (NSF), I authorize ORIGINATOR to collect a \$30.00 return item fee. I further understand that if my financial institution within a twelve-month period returns two or more electronic debits, the ORIGINATOR has the right to refuse payment via electronic funds transfer, and this agreement will be suspended for a period of twelve months.

This authorization is to remain in full force and effect until ORIGINATOR and DEPOSITORY receive written notification of termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY resonable oppportunity to act on it.

Name(s): _____

Service Address: _____

Mailing Address (if different from above): _____

City, State, Zip: _____ Home Phone: _____

Name of Financial Institution: _____

9 Digit Routing Number: _____ Account Number: _____

Customer Signature

Date

**PLEASE ATTACH
VOIDED CHECK HERE**

(NO CARBON COPIES OR DEPOSIT TICKETS, PLEASE)

To be filled out by office:

Acct #: _____
Date Rec'd: _____

BUC #: _____
1st ACH Date: _____