Consumer Authorization for Direct Payment via ACH

Direct Payme making a pay			unds from a	consumer account for the purpose of
Check one:		Begin Payment		Change Information
` '	ount a	•		Water Company to electronically debit tmy (our) account to correct erroneous
named belov	√ ("DE		that ACH tro	e) at the depository Financial Institution ansactions I (we) authorize comply with
Depository no	me: _			
Routing numb	er:		Acco	unt number:
Name(s) on th	ne ac	count:		
Debit transac	tion fre	equency:		
☐ Sing	gle En	try (one-time payment)		
	_	Entries (entries that recuraction by the Receiver)	at substantic	ally regular intervals, without further
(All drafts will or holiday.)	occur		h or next bus	iness day if the 15 th falls on a weekend
Authorized de	bit ar	nount: _current balance c	n invoice	
Billing Services	in wri	ting or by phone that I (we	e) wish to rev	orce and effect until I (we) notify Water oke this authorization. I (we) understand otice to cancel this authorization.
(Please Print)				
Account #(if	knowr	n)		
Phone #		Email		
Date:		Sianature(s):		

Please return completed form to Oaks Water Co – PO Box 9141, Rapid City, SD 57709 Or email to info@waterbillingservices.com