

<b>AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL</b>
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**Oaks Water Users Association**

PO Box 9141

Rapid City, SD 57709

**Water Billing Services****Po Box 9141****Rapid City, SD 57709**

Tamra

605-716-7771

I hereby authorize **Water Billing Services**, on behalf of Oaks Water Users Association, to initiate debit and, if necessary, credit entries to my account indicated below for my Oaks Water Users Association bill. I understand that the amount deducted will be the current minimum rate. The withdrawal will take place on the **15<sup>Th</sup>** of each month or the next business day if the 15<sup>th</sup> falls on a holiday or weekend. I acknowledge that this authority will remain in effect until I have cancelled it in writing or have received verbal confirmation of the cancellation.

**THERE WILL BE A SERVICE CHARGE IF FUNDS ARE NOT AVAILABLE**

*Please attach voided check here*

Checking ☐Savings ☐

This authorization is to remain in full force and effect until **Water Billing Services** has received written or verbal notification of its termination in such time, and in such manner as to afford **Water Billing Services** and Financial Institution a reasonable opportunity to act on it.

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_

Address \_\_\_\_\_

Billing Account Number OA\_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please return completed form to Oaks Water, PO Box 9141, Rapid City, SD 57709