

Automated Clearing House (ACH) Authorizations Agreement

Please check on	New ACH	or		Change AC	Н	
	Customer	Contact/Billing In	formatio	n		
Customer Name:		Phor	ie Numbe	r:		
Address:	City:	City:				
State:	Emai	Email:				
LPRW Account	Мар	Map Location Number:				
	:	Billing Information				
	the billing statement around the first of the 15 th of the month. If the tenth falls on t					
	E	Banking Information	l			
Account Type: (please check one) Bank Name:	ngs ecking or savings accommercial account.)		Bank Routing Number	D 1 234 56 78 90 1 23 Bank Account Number	Check Number	
	Der:					
Dank Routing Num	Jei		iit ivuilibei	•		
		ayment Authorizatio				
full force and effect I understand if I wis office. I understand	Pipestone Rural Water System to debit my ac until LPRW receives written notification from h to have LPRW debit a bank account other to that if LPRW attempts to debit my account a afficient funds fee of \$30.00. I understand that is Authorization.	m me of my intent to than the one named a and there are insuffici	terminate above, I mu ent funds i	this Authorization ast sign a new Aut n my account to a	n. horization and su allow such a debit	ubmit it to the t, then I will be
I represent that I an	n authorized to execute this Authorization ar	nd that the informatio	on set forth	above is true and	d correct.	
Signature:	nature: Date:					
	*****Please Attach a Vo	oided Check and	Return t	o Office****	**	

Please do not attach a deposit slip. The form will be returned if you do. Thank you.