



AUTOMATIC BANK DRAFT AUTHORIZATION
Authorization Agreement for Direct Payment (ACH Debits)

Account Number: _____

Member/Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

I hereby authorize Ramsey Water Co. to initiate debit entries to the account indicated below at the depository financial institution named below, herein after called "DEPOSITORY," and to debit the same such account. I acknowledge that the origination of ACH transactions to this account must comply with the provision of US law.

Circle one: Checking Account Savings Account

Depository Name (Bank Name): _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full effect until Ramsey Water Co. has received written notification from the account holder of its termination in such time and in such a manner as to afford Ramsey Water Co. And the Depository a reasonable opportunity to act on it.

Printed Name: _____

Signature: _____

Date: ____/____/____

PLEASE ATTACH A VOIDED CHECK TO YOUR COMPLETED FORM!

Completed forms can be **mailed to**: RWC, P.O. Box 245, Ramsey, Indiana 47166

Completed forms can be **dropped off**: RWC, 415 Highway 64 NW, Ramsey, Indiana 47166

When your bill states "Auto Draft, Do Not Pay," your account has been set up. If account information changes, or you close the account, please notify us within five (5) business days prior to the 15th of the month to process. Incorrect information or lack of funds when ACH draft is processed will result in a \$25.00 fee. Accounts are processed on the 15th of every month, unless the 15th falls on a weekend or holiday, in which case the ACH is processed on the next business day.