

ACH Direct Payment Authorization -- No Fee Applies

I authorize Clay Rural Water System, Inc. to initiate electronic debit entries to my: checking account/savings account in the amount of my water bill. This authority will remain in effect until I have cancelled in writing. I can stop payment of any entry by notifying Clay Rural Water System.

Date

Routing Number

**Financial Institution
Name**

**Account Number at
Financial Institution**

Account Type

Checking Account
Savings Account

**Charge my account the
amount due on my water
bill on**

The 5th of each month
The 20th of each month

(Please include copy of voided check or savings account deposit ticket)

Email Address

Signature

Printed Name
