



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **Taney County Regional Sewer District**, hereinafter called DISTRICT, to initiate debit entries to the (select one) Checking Account or Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Information:

Financial Institution _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

Account Information:

Name _____ Sewer Account No. _____
(Please Print)
Sewer Acct Address _____
(Please Print)
City _____ State _____ Zip _____
(Please Print)

Authorization:

This authorization is to remain in full force and effective until DISTRICT has received written notification from me (or either of us) of its termination in such time and in such manner as to afford DISTRICT and DEPOSITORY a reasonable opportunity to act on it.

Account Holder Signature Date

PLEASE ENCLOSE A VOIDED CHECK. THANK YOU.