

Public Water Supply District #5 of Greene Co.
P.O. Box 37
Fair Grove, MO 65648-0037

DEBIT AUTHORIZATION

Utility Account/Service ID # _____

I (We) hereby authorize **PUBLIC WATER SUPPLY DISTRICT #5** of Greene County, Missouri, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below at the financial institution named in this Authorization, hereinafter FINANCIAL INSTITUTION, for the payment of any future current balance after ACH is effected (if there is a balance owing) on the utility bills rendered to me by the COMPANY for utility services. I (We) further authorize the FINANCIAL INSTITUTION to accept these debit entries and charge them to my (our) account. I (We) acknowledge that the origination of the ACH transaction to my (our) account must comply with the provisions of U.S. Law.

I (We) understand that both the FINANCIAL INSTITUTION and COMPANY reserve the right to terminate my participation in this payment plan at any time for any reason. I (We) further understand the COMPANY will terminate this agreement upon receipt of a request for final bill or upon notification from the FINANCIAL INSTITUTION of insufficient funds or reversal due to customer account charges. If the FINANCIAL INSTITUTION notifies the COMPANY of insufficient funds or a reversal, a non-sufficient funds (NSF) fee as set forth in the COMPANY'S policy will be charged to our utility account. I (We) acknowledge that if a utility account is NSF more than twice, and/or the utility bill is not paid in full within sixty (60) days, I (we) may be removed from the auto-payment plan and the COMPANY may terminate water service at the utility service address in accordance with the COMPANY's policy.

This Authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. Written notice must be received in the business office of the COMPANY no later than the 20th of the month, in order to be effective for the current billing month.

Print Name SS# or Dr. Lic. # Signature Date

Print Name SS# or Dr. Lic. # Signature Date

Account Name (from your bill)

Service Address Telephone Number

Name of Bank / Financial Institution Branch

Financial Institution Address City/State Zip

PLEASE ATTACH A VOIDED CHECK FROM THE ACCOUNT IDENTIFIED ABOVE