



KINGBROOK

RURAL WATER SYSTEM

PO Box 299
302 E. Ash Street
Arlington, SD 57212
605-983-5074
1-800-605-5279
605-983-5636 (f)
kingbrookruralwater.com

Please return a voided check with this form.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Customer Name: _____ Date: _____

I (We) hereby authorize Kingbrook Rural Water System, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) **Checking/Savings** account indicated below at the depository financial institution named below, hereinafter 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. Debits will be processed monthly on or near the 15th of each month starting _____. The amount will be disclosed on your monthly water bill.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

Please check the box if this is a business checking account. As a non-consumer account holder, I agree to be bound by the NACHA Operating Rules.

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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Signature: _____
(Please print)

Email: _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

For Office Use:	Acct Number: _____	Location: _____
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MISSION STATEMENT: To provide member-owners with reasonably priced, reliable, quality water
Kingbrook Rural Water System, Inc. is an equal opportunity provider and employer