



# 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 15<sup>th</sup> 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*