



PUBLIC WATER SUPPLY DISTRICT # 3 OF JASPER CO
4983 County Rd 200
JOPLIN, MO 64801
417-673-5318

Authorization Agreement for Direct Payments (ACH Debits)

I/we hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account _____ Savings Account (select one) 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.

Depository Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

This authorization is to remain in 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.

Printed Name _____ ID Number _____

Signature _____ Date _____

Please attach copy of voided check to this form.