



CHECKING or SAVINGS DEBIT AUTHORIZATION

I hereby authorize West Central Conservancy District to initiate debit entries to my account indicated below and the financial institution named below for the balance on my wastewater bill each month on the first (1st). If the first (1st) should fall on a weekend or holiday, my account will be debited on the following business day. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. If my ACH transaction is refused for any reason, I will be responsible for the original transaction amount plus all additional fees.

(Financial Institution Name)

_____ Checking _____ Savings

(Type of Account)

(Routing Number Nine (9) Digits)

(Checking or Savings Account Number)

This authority is to remain in full force and effect until West Central Conservancy District has received written notification from me of its termination in such time and manner as to afford West Central Conservancy District and the financial institution a reasonable opportunity to act on it or until revoked by West Central Conservancy District.

If you would like to receive e-bills, please provide your e-mail address. If you choose to receive an ebill, you will no longer receive a paper bill. Should you decide in the future to switch back to a paper bill, please contact our office or visit our website at www.wccdin.org.

(E-mail Address to receive e-bill)

(Telephone Number)

(Service Address)

(West Central Conservancy District's Customer Number)

(Date)

(Printed Name)

(Signature)