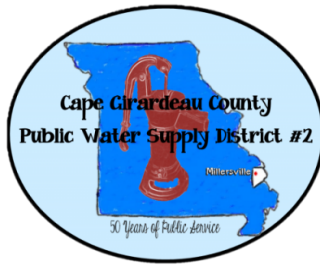


Public Water Supply District No. 2 of Cape Girardeau County

2345 State Hwy B
Oak Ridge, MO 63769
(573) 243-1156



PO Box 21
Millersville, MO 63766
www.cgcpwsd2.com

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS (ACH/BANK DRAFT DEBIT)

I (we) hereby authorize Public Water Supply District No. 2 of Cape Girardeau County, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the bank/depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY INFORMATION

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Account Type (Select One): Checking Savings

Name(s) on Account: _____

Routing/Transit #: _____ Account #: _____

PWSD #2 CUSTOMER INFORMATION

Account Name: _____ Account #: _____

Apply this agreement to Location(s) #: _____

Phone #: _____ E-mail: _____

This authority 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.

I certify the information above is correct, that I am an authorized signer or designate of the account provided for ACH/Bank Drafts, and that I am authorized to provide this information. I understand I will incur a \$0.50 fee per bank draft. COMPANY reserves the right to cancel this agreement due to insufficient funds without notice. I understand that if the ACH/Bank Draft debit is returned I will incur a returned item fee of \$40.00.

Print Authorized Name

Authorized Signature

Date

PWSD #2 OFFICE USE ONLY

ID #: _____

EXP DATE: _____

	VERIFY SIGNATURE
	SCAN ID & SAVE IN AMPSTUN