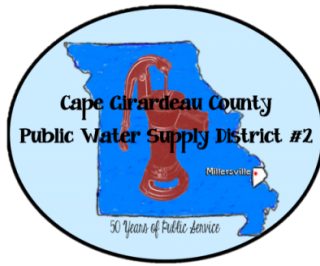


# Public Water Supply District No. 2 of Cape Girardeau County

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



PO Box 21  
Millersville, MO 63766  
[www.cgcpwsd2.com](http://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):

- |   |  |
|---|--|
| <input type="checkbox"/> Personal/Consumer Checking | <input type="checkbox"/> Business Checking |
| <input type="checkbox"/> Personal/Consumer Savings  | <input type="checkbox"/> Business 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 |