**COMANCHE COUNTY RURAL WATER DISTRICT #2**

**294 NE PINE AVE ELGIN OKLAHOMA 73538-3128**

**PHONE (580) 588-3330 FAX (580) 588-2642**

**Office Hours 7:00 am to 5:00 pm Monday through Thursday**

**Debit Authorization**

I (we) hereby authorize Comanche County Rural Water District #2, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution name below, hereinafter called the FINANCIAL INSTITUTION, to debit the same to such account. I agree to have my (our) account debited on the 5th of each month. It the 5th falls on Saturday or Sunday, it will be debited the following Monday. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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(Financial Institution Name) (Branch)

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(Address) (City/State) (Zip)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Acct:\_\_\_\_Checking

(Routing/Transit Number) (Account Number) \_\_\_\_Savings

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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. (The RWD#2 requries a thirty day written notice)

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(Print Individual Name) (Print Individual Name)

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(Signature) (Signature)

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(Date) (Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**

**\*This form must be returned by the 10th of the month in order to debit the following month.**