

# Sequoyah County Rural Water District #4



PO Box 128 / 461426 East 1105 Road

Sallisaw, OK 74955

Office: (918) 774-9869 Fax: (918) 774-9334

[www.sequoyahrwd4.com](http://www.sequoyahrwd4.com)

## ACH DEBIT AUTHORIZATION

I/we \_\_\_\_\_ hereby authorize Sequoyah County Rural  
(Member Name(s))

Water District #4, hereinafter called the District, to initiate entries to my/our account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for **monthly water payment**. I/we acknowledge that the origination of ACH transactions to my/our account must comply with provisions of U.S. law.

\_\_\_\_\_  
*SCRWD #4 Account Number*

\_\_\_\_\_  
*Service Address*

\_\_\_\_\_  
*City / State / Zip*

### **Bank Account Information:**

Type of Account: Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

\_\_\_\_\_  
*Name(s) on Account*

\_\_\_\_\_  
*Financial Institution Name*

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

\_\_\_\_\_  
This authority is to remain in full force and effect until the District has received written notification from me / us of its termination in such time and manner as to afford the District and Financial Institution a reasonable opportunity to act on it. If the payment is rejected for any reason (NSF, frozen account, etc.) I understand that the District may attempt to process the transaction again within 30 days, and I agree to an additional \$25.00 charge for each attempt that is rejected, which will be initiated as a separate transaction from the authorized payment. This authority may be terminated by the District in the event a transaction is rejected.

\_\_\_\_\_  
*Print Individual Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**A VOIDED CHECK IS NOT NECESSARY BUT RECOMMENDED**