

OTTER ROCK WATER DISTRICT

ACH ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

AGREEMENT

OTTER ROCK WATER DISTRICT IS PLEASED TO OFFER AUTOMATIC ELECTRONIC DEBITING FOR THE CONVENIENCE OF OUR CUSTOMERS. THIS IS AN OPTIONAL, NO CHARGE SERVICE THAT ALLOWS YOU TO HAVE YOUR PAYMENT AUTOMATICALLY WITHDRAWN FROM YOUR BANK ACCOUNT. PAYMENTS WILL FOLLOW BUSINESS OFFICE GUIDELINES AND SCHEDULES. IF YOU ARE INTERESTED IN PARTICIPATING, PLEASE READ THE AUTHORIZATION AGREEMENT FORM AND FOLLOW THE INSTRUCTIONS BELOW.

1. COMPLETE THE FORM BELOW. BE SURE TO INCLUDE YOUR NAME, SIGNATURE(S), AND DATE. PLEASE PRINT CLEARLY. (AN INCOMPLETE FORM CANNOT BE PROCESSED)
2. **IMPORTANT:** TO HAVE YOUR PAYMENTS DEBITED FROM YOUR CHECKING ACCOUNT, YOU MUST ATTACH A VOIDED CHECK.
3. IF THE SELECTED ACCOUNT IS IN A NAME OTHER THAN YOURS, OR IS A JOINT ACCOUNT, YOU MUST INCLUDE THE NAME OF THE OTHER PARTY AND THEIR SIGNATURE.
4. VERIFY THE ACCOUNT AND ABA/ROUTING NUMBER WITH YOUR BANK.
5. RETURN THE COMPLETED FORM TO THE OTTER ROCK WATER DISTRICT BUSINESS OFFICE DROP BOX OR MAIL TO:

OTTER ROCK WATER DISTRICT
6515 GLADYS AVENUE
OTTER ROCK, OR 97369

Please contact the OTTER ROCK WATER DISTRICT Office at ORWDOOffice@gmail.com or leave a message at (541) 765-2660, if you need further information.

AUTHORIZATION AGREEMENT FOR DIRECT CHARGES (ACH DEBITS AND/OR ACH CREDITS)

CUSTOMER NAME: _____

(PLEASE PRINT CLEARLY)

CUSTOMER DAYTIME PHONE: _____

I(WE) HEREBY AUTHORIZE **OTTER ROCK WATER DISTRICT** TO INITIATE DEBIT AND/OR CREDIT ENTRIES TO MY(OUR) CHECKING SAVINGS ACCOUNT (SELECT ONE) INDICATED BELOW AT THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED *DEPOSITORY*, AND TO DEBIT AND /OR CREDIT THE SAME TO SUCH ACCOUNT. I(WE) UNDERSTAND IF CORRECTIONS ARE NECESSARY, IT MAY INVOLVE ADJUSTMENT (CREDIT OR DEBIT) TO MY(OUR) ACCOUNT. I(WE) ACKNOWLEDGE THAT THE ORIGATION OF ACH TRANSACTIONS TO MY(OUR) ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.

DEPOSITORY

NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

BANK ROUTING NUMBER: _____ BANK PHONE NUMBER: _____ BANK ACCOUNT NUMBER: _____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL OTTER ROCK WATER DISTRICT HAS RECEIVED WRITTEN NOTIFICATION FROM ME(US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD OTTER ROCK WATER DISTRICT AND *DEPOSITORY* A REASONABLE OPPORTUNITY TO ACT ON THIS REQUEST.

AUTHORIZED SIGNATURE: _____ DATE: ___ / ___ / _____

ACCOUNT HOLDER NAME: _____

JOINT ACCOUNT HOLDER SIGNATURE: _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

BUSINESS OFFICE USE ONLY: DATE RECEIVED: _____ BANK VERIFICATION: _____ INITIALS: _____