MCRWD Automated Bank Draft Authorization Form

By signing and completing this form, you authorize regularly scheduled payments to be withdrawn from your checking account. Your payment will be deducted automatically on the 10th of every month. Proof of payment will appear on your monthly statement from your financial institution.

The Direct Payment Plan is dependable, convenient, and easy. To take advantage of this service, simply:

- 1. Complete the attached authorization form in its entirety.
- 2. **ATTACH A VOIDED CHECK or FINANCIAL INSTITUTION FORM** with preprinted routing/account information. (Fax or Email: scan your info and send to the email address on bottom of form)
- 3. Form must be returned with above documentation by the 20th of the month to enable auto withdrawal from your account on the 10th of the following month.

Please complete the information below:	
Date:	Contact Phone(s):
Name on MC	RWD account (please print):
Email address	s(s):
MCRWD ACC	• •
Check to GO	D PAPERLESS (No invoice is mailed or emailed)
must enroll and allow ye	w offers eNotices. If you wish to have your monthly bill emailed, you in eNotices. This will help us become more environmentally friendly ou to view your bill sooner than a mailed invoice. Instructions are on under All Forms & Reports, then click eNotice instructions.
	OR BANK CONFIRMATION FORM MUST ACCOMPANY THIS AUTHORIZATION FORM TO METHOD OF PAYMENT: Email: b.findley@mcrwdistrict.com Fax: 641-842-6136
	GIN ACH PAYMENT: ON THE 10 TH OF EACH MONTH. Form must be received month you wish the payment to begin.
bill. I acknowledge	County Rural Water District to initiate electronic debit entries to my checking account for payment of my water that the origination of ACH transactions to my account must comply with the provisions of US law. This authority ct until I have cancelled it in writing.
	Signature:
Return completed	form to (if mailing or dropping off):