

Direct Payment via ACH Authorization

I authorize DELAWARE COUNTY RWD #7, hereinafter called "DCRWD#7," to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called "Financial Institution," to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. laws and NACHA rules.

ACCOUNT DETAILS

Financial Institution Name:			
City:	State:	Zip:	
Routing Number:			
Account Number:			
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

PAYMENT DETAILS

<input type="checkbox"/> Fixed Payment	Dollar Amount:	\$ _____		
Frequency:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Variable Payment	<input type="checkbox"/> Debit Payment Range: \$ _____ to \$ _____			
	<input checked="" type="checkbox"/> Amount Shown on Invoice or Statement			

This authorization is to remain in full force and effect until DCRWD#7 has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the DCRWD#7 a reasonable opportunity to act on the request.

Print Name: _____ Date: _____

Signature: _____

ID Number, if applicable: _____

Please attach a copy of a voided check or other proof of account ownership to this form.

Mail completed form to:

Delaware County RWD #7

Attn: Melanie Sixkiller, Business Manager

7846 East 431 Road

Eucha, OK 74342