
ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Noble County Water Authority (THE COMPANY) to initiate entries to my (our) checking/~~savings~~ accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Set Amount: amount due or Maximum Amount: amount due

Financial Institution Routing Number: _____

Checking/~~Savings~~ Account Number: _____

Date of Authorized Debit/~~Credit~~: on or near the 15th of each month

(Signature)

(Date)