ACH AUTHORIZATION FORM

Name_____

Cass Rural Water Account Number_____

Phone Number_____

CUSTOMER AUTHORIZATION

I authorize Cass Rural Water and the financial institution listed below to initiate electronic debit entries and any credit entries otherwise in error from my

_____ Checking Account _____ Savings Account

FINANCIAL INSTITUTION

DATE

SIGNATURE

NAME (PLEASE PRINT)

TRANSIT/ROUTING (ABA) NUMBER

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

ATTACH VOIDED CHECK HERE