

## ACH Direct Payment Authorization -- No Fee Applies

---

I authorize Clay Rural Water System, Inc. to initiate electronic debit entries to my: checking account/savings account in the amount of my water bill. This authority will remain in effect until I have cancelled in writing. I can stop payment of any entry by notifying Clay Rural Water System.

**Date** \_\_\_\_\_

**Financial Institution/Routing Number** \_\_\_\_\_

**Account Number at Financial Institution** \_\_\_\_\_

**Account Type**                      Checking Account  
   Savings Account

**Charge my account the amount due on my water bill on**                      The 5th of each month  
   The 20th of each month

*(Please include copy of voided check or savings account deposit ticket)*

**Email Address** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_