

Wagoner Rural Water District #9
69760 S. 321 Rd.
Wagoner, OK 74467

Office # (918) 462-3232

Name on Account: _____

Account Number: _____

Direct Payment Authorization

I (we) hereby authorize Rural Water District #9, hereinafter called "Company", to initiate debit entries and, if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below. **Drafts will only be submitted on the 5th of each month or the first business day there after.**

Financial Institution Name _____ Branch _____

Address _____ City, State, Zip _____

Bank Routing Number _____ Bank Account Number _____

Account Type (circle one) (Checking / Draft) (Savings / Share)

This authority is to remain in full force and effect until "Company" has received written notification from the recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it.

Recipient Signature _____ Date _____ Recipient Address _____

Printed Name _____ City, State, Zip _____

Attach Voided Check

Insufficient funds will be treated the same as a Returned check under RWD #9 Policy & Procedures.