Name : _____

Ramsey Water
Account : _____

Address: _____

Phone: _____

_____

Authorization Agreement for Direct Payment (ACH Debits)

When your bill states "Auto Draft, Do Not Pay", your account has been set up. If account information changes, or you close the account, please notify us 5 business days prior to the 15 to process.
*Incorrect information or lack of funds when ACH draft is processed, will result in a $25.00 fee.
Accounts are processed on the 15th, unless it's a weekend or holiday, then ACH is processed on the next business day.

I (we) hereby authorize Ramsey Water Company Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account _____ / Savings Account _____ (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Depository Name (Bank Name): _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

This authorization is to remain in full effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____
(please print)

Date: _____   Signature: _____

PLEASE ATTACH A VOIDED CHECK!

Mail form and voided check to P O Box 245, Ramsey IN 47166