ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize <u>Warren Community Water</u> (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 Institu	tion - Branch, City, State, & Zip)
(Signature)	(Date)
(Name - PLEASE PRINT-M	MUST BE AS IT APPEARS ON BANK ACCOUNT)
(Address - PLEASE PRINT	
Email	
Email Set Amount:	
Email Set Amount: Financial Institution Routing	or Maximum Amount:
Email Set Amount: Financial Institution Routing Checking/Savings Account I	or <mark>Maximum Amou</mark> nt:

Warren Water account No.