





ACH DIRECT DEBIT PAYMENT AUTHORIZATION FORM

I (We) hereby authorize RIVER ROCK COUNTY WATER AND SEWER DISTICT, through it's Managing Agent (FIRST SECURITY BANK), to initiate debit entries to my (our) checking/savings account indicated below and the bank named below, to debit the amount to such account. Your account will be debited on the 25th day of each month.

BANK NAME:
ROUTING NUMBER:
ACCOUNT NUMBER:
TYPE OF ACCOUNT: CHECKING SAVINGS
This authority is to remain in full force and effect until the River Rock County Water and Sewer District has received notification from me (or either of us) of its termination in such manner as to afford RIVER ROCK COUNTY WATER AND SEWER DISTRICT and FIRST SECURITY BANK a reasonable opportunity to act on it.
PRINT NAME (S)
SIGNED:
SIGNED:
DATE:
If this form is received by the 15 th of the month then the ACH Debit will not be drawn

from your account until the following month.