



PO Box 334, 118 N Lafayette Ave
Marshall, MO 65340 660-886-7079

_____ PWSDno3 Account#

Electronic User Agreement

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## ACH Billing: deducted each 15th

Type of Acct:    Checking    Savings

\_\_\_\_\_

Financial Institution Name

\_\_\_\_\_

Financial Institution Address

\_\_\_\_\_

City

\_\_\_\_\_

ST

\_\_\_\_\_

ZIP

\_\_\_\_\_

Routing Number - 9 digits

\_\_\_\_\_

Account Number

I (we) hereby authorize Saline County Public Water Supply District 3 (PWSDno3), to initiate debit entries to my (our) account indicated below and the Financial Institution named above to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the US law.

This authorization is to remain in full force and effect until PWSDno3 has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford PWSDno3 and your Financial Institution a reasonable opportunity to act on the request.

\_\_\_\_\_

Print Individual Name

\_\_\_\_\_

Phone number

X

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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EMAIL Billing

email address

Sign me up for EMAIL billing

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