COMANCHE COUNTY
RURAL WATER DISTRICT NO. 3
5845 SE 90th Lawton, Oklahoma 73501
Phone (580) 355-1343
Fax (580) 355-1398

Authorization Agreement
Direct Payments (ACH Debits)

I (we) hereby authorize Comanche County Rural Water District #3, herein called **Company**, to initiate debit entries to my (our) account indicated below and the Financial Institution named below, herein called **Financial Institution**, to debit the same account for the amount due on my (our) monthly water statement. I (we) agree to have my (our) account debited on the **5th** of each month. If the 5th falls on a weekend, it will be debited the following business day. I (we) acknowledge that the origination of the ACH transaction to my (our) account must comply with the provision to U.S. Law.

_____ _____
(Financial Institution Name) (Branch)

_____
(Financial Institution Address) (City-State) (Zip)

_____ _____ Type of Account: ____ Checking
(Routing/Transit Number) (Account Number) ____ Savings

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and manner as to afford **Company** and **Financial Institution** a reasonable opportunity to act upon the revocation. (Com. Co. RWD #3 requires a thirty (30) day notice). In the event I (we) contact my financial institution to stop payment on any transaction, I (we) understand that **Company** may not re-initiate an ACH entry unless I (we) sign another authorization form. I (we) understand and agree that **Company** shall charge a monthly fee for the ACH service.

_____ _____
(Print Individual Name) (Print Individual Name)

_____ _____
(Signature) (Signature)

_____ _____
(Date) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

- This form must be returned by the 28th of the month in order for the ACH transaction to begin on the following month