www.ruralmembershipwater.com
Mailing: PO BOX 239 / Physical: 301 S. Ferguson St
Henryville, IN 47126
Office: 812-294-1481 / Fax: 812-294-1743 / helpdesk.rmwc@gmail.com
PWSID # 5210009

AUTHORIZATION FOR DIRECT PAYMENT

I authorize RURAL MEMBERSHIP WATER CORPORATION,

to initiate entries to my checking account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. If the company receives a return check back there will be a $25.00 charge and if the company receives a return check back twice, automatic payment draft will be revoked in addition to another $25.00 charge.

_____
(NAME OF FINANCIAL INSTITUTION)

_____ _____
(NAME) **(DATE)**

_____
(SERVICE ADDRESS)

X_____ _____
(SIGNATURE) **(ACCOUNT/LOCATION #'S)**

Do you have a limit to the amount drafted out of your checking? If so, write amount here $_____

TRANSIT ROUTING NUMBER

⑆										⑆

ACCOUNT NUMBER INFORMATION