

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Customer Name _____

Customer ID _____

I (we) hereby authorize FRANKLIN COUNTY RURAL WATER DISTRICT NO. 1, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and 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 U.S. law. I (we) hereby authorize FRANKLIN COUNTY RURAL WATER DISTRICT NO. 1, hereinafter called COMPANY, to initiate a "reversing entry" to correct an erroneous debit entry previously initiated to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ ID _____

Signature _____  Date _____

NOTE: ALL WRITTEN DEBIT AUTHROIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.