RURAL WATER DISTRICT #4 Miami County, Kansas P.O. Box 618, Drexel, MO 64742

Tues. & Thurs. 8:00 - 12:00 OFFICE AT THE TOWER 33895 MISSION BELLEVIEW Office Hours

913-377-4408

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT via ACH DEBIT

I authorize Rural Water District #4, Miami County, Kansas to electronically debi	it
my account (and if necessary, electronically credit my account to correct	

additionize region value distinct η , what in County, realisas to electronically de
my account (and if necessary, electronically credit my account to correct
erroneous debits) as follows:

NAME OF YOUR BANK		
	Pank Address	

	Bank Address	
Bank Routing Number		
bank Routing Number		

Your Account Number_	
FREQUENCY OF DEBIT	(Monthly, the 15th of the month or next business day

FREQUENCY OF DEBIT (Monthly, the 15th of the month or next business day)
I understand that this authorization will remain in full force and effect until I
notify Rural Water District #4, Miami County, Kansas by telephone or in writing that I wish to revoke this authorization. I understand that Rural Water District

- and ordered that this dathorization will remain in rain force and order and
notify Rural Water District #4, Miami County, Kansas by telephone or in writing
that I wish to revoke this authorization. I understand that Rural Water District
#4, Miami county, Kansas requires at least 10 days notice in order to cancel th
authorization.

	I understand that Rural Water District ast 10 days notice in order to cancel this
Name(s) on account:	

Name(s) on account:		
 Date	 Meter#	

Signature