

Mahaska Rural Water Systems, Inc.

P.O. Box 210 401 B Ave West Oskaloosa, Iowa 52577
Office Phone: 641-673-8851 Email: mrwsystem@mahaskaruralwater.com

AUTO PAY AUTHORIZATION FORM

I authorize Mahaska Rural Water System, Inc. to automatically withdraw from my check or savings account (as noted below) for my monthly MRWS charges. I understand that I will continue to receive a monthly bill but it will state "Direct Payment will deduct this payment on 10th of month". If the deduction date falls on a weekend or holiday, the account will be debited on the next business day. I may revoke this Direct Payment authorization at any time with (30) days written notice to MRWS.

I understand that I am responsible of ensuring that the necessary funds are available at the time the withdrawal occurs. I will continue to be responsible for payment should anything prohibit regular payment in this manner. I understand that it is my responsibility to notify MRWS of any changes to my banking account information. I understand that if the withdrawal is returned for any reason a charge may occur. The direct payment service may be cancelled if two payments are returned in a six-month period of non-payment.

**Complete this application form, sign it, attach a voided check and return to the MRWS office.
Please see chart below for effective dates**

<u>If we receive your completed ACH form by</u>	<u>The ACH will be withdrawn on</u>
January 15	February 10
February 15	March 10
March 15	April 10
April 15	May 10
May 15	June 10
June 15	July 10
July 15	August 10
August 15	September 10
September 15	October 10
October 15	November 10
November 15	December 10
December 15	January 10

CUSTOMER INFORMATION

Name _____ MRWS Account Number _____
Service Address _____
City _____ State _____ Zip _____ Home/Cell Phone _____

FINANCIAL INFORMATION

Bank Name _____ Checking Account Savings Account
Signature _____ Date _____

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE!