TRI-COUNTY RURAL WATER DIST. NO. 2

Pottawatomie County, Oklahoma

AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____ACCOUNT #_____

FINANCIAL INSTITUTION INFORMATION

NAME OF BANK: _____

BANK ADDRESS: _____

BANK PHONE: _____

TYPE OF ACCOUNT: _____ CHECKING
_____ SAVINGS

ACCOUNT NUMBER: _____

BANK ROUTING # (9 DIGITS): _____

I hereby authorize and request Tri-County RWD #2 to initiate withdrawals from my account. It is understood that this authority will remain in effect until written notification is sent to Tri-County RWD #2 to terminate this agreement. Notification of termination must be received 10 days before bill due date.

Signature: _____

Date: _____

PLEASE ATTACH A ***VOIDED CHECK*** HERE:

P.O. Box 118 · Earlsboro, Oklahoma 74840-0118 · (405) 997-5390 · Fax (405) 997-5457