



ACH Bank Draft Payment Sign-Up Authorization Form

CUSTOMER INFORMATION

NAME: _____

ACCOUNT #: _____

EMAIL ADDRESS: _____

PHONE #: _____

FINANCIAL INSTITUTION INFORMATION

NAME ON ACCOUNT: _____

BANK NAME: _____

BANK ROUTING #: _____

BANK ACCOUNT #: _____

ACCOUNT TYPE: CHECKING SAVINGS

PLEASE ATTACH A COPY OF A VOIDED CHECK FROM THE ACCOUNT YOU WISH TO SET UP YOUR BANK DRAFT, WITH THIS AUTHORIZATION FORM.

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Johnson County RWD #7 to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to Johnson County RWD #7 will revoke this authorization.

Johnson County RWD #7 reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

PRINT AUTHORIZED NAME

AUTHORIZED SIGNATURE

DATE