



RAINBOW MUNICIPAL WATER DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT
PROGRAM

I/we hereby authorize Rainbow Municipal Water District, to initiate debit entries to My/ our () **Checking Account** / () **Savings Account** (select one) indicated below at the depository financial institution named below, hereafter called Depository, and to debit the same to such account.

I/we hereby agree to be bound by all terms of the District Payment Program.

DEPOSITORY (BANK)

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

ROUTING NUMBER

ACCOUNT NUMBER

(1ST SET OF NUMBERS)

(2ND SET OF NUMBERS)

PLEASE ENCLOSE A VOIDED CHECK

(We cannot complete the request if a voided check is not included)

This authorization is to remain in full force and effect until Rainbow Municipal Water District has received a thirty (30) day written notification from me/us of its termination.

CUSTOMER RAINBOW MUNICIPAL WATER DISTRICT ACCOUNT

NAME(S) _____

RMWD ACCOUNT NUMBER _____

Date _____ Signature(s) _____

Date _____ Signature(s) _____

DAYTIME TELEPHONE NUMBER _____