

OPTIONAL

**ACH AUTHORIZATION FORM
FOR MONTHLY WATER BILL PAYMENTS**

(Funds are deducted from checking on or about the 8th of the month)

I (we) hereby authorize Lincoln County Rural Water System, Inc. to initiate entries to my (our) checking or savings account at THE FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Lincoln County Rural Water System, Inc. is notified by me (us) in writing to either change accounting information or cancel it in such time as to afford Lincoln County Rural Water System, Inc. and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ Water Bill Account # _____

(Name - Please Print)

(Address - Please Print)

(Phone Numbers)

(Email Address - Paperless Yes No

Your statement will be e-mailed to you if you provide an address. You will need Adobe Reader to open the file. Go to www.adobe.com to get the download free. Run the program to download.

(Authorized Signature)

(Date)

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, and Zip)

Financial Institution ABA Routing Number: _____

(9-Digit Number)

Checking Account Number: _____

PLEASE ATTACH A VOIDED CHECK TO ASSURE ACCURATE ACCOUNT INFORMATION

Please return to:

Lincoln County Rural Water System, Inc.
27066 Henry Pl
Sioux Falls SD 57108
Email: office@lincolncoruralwater.com