## Consumer Authorization for Direct Payment via ACH

To set up automatic ACH payments, please complete this form and return to Aurora-Brule Rural Water System, Inc., PO Box 140, Kimball, SD 57355

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. **Check one:** □ Begin Payment □ Change Information I authorize AURORA-BRULE RURAL WATER SYSTEM, INC ("COMPANY") to electronically debit my account and, if necessary, to electronically credit my account to correct erroneous debits as follows: ☐ Checking Account OR ☐ Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I agree that ACH transactions I authorize comply with all applicable laws. Depository (Bank) name: Routing number: \_\_\_\_\_ Account number: \_\_\_\_ Name(s) on the account: Debit transaction frequency: ☐ **Single Entry** (one-time payment) ☐ **Multiple Entries** (multiple entries that may not occur at substantially regular intervals) How will subsequent Entries be allowed? □ Telephone □ Internet ☐ Other: ☐ Recurring Entries (entries that recur at substantially regular intervals, without further affirmative action by the Receiver) Date of debit (if Single Entry) or date of first debit: Number of and/or frequency of debits: EACH MONTH ON THE 20<sup>TH</sup> (OR NEXT WORKING DAY) Authorized debit amount: \_\_\_\_AMOUNT BILLED \_\_\_\_\_ I understand that this authorization will remain in full force and effect until I notify AURORA-BRULE RURAL WATER SYSTEM, INC., in writing, by phone, or in person at the Water office that I wish to revoke this authorization. I understand that AURORA-BRULE RURAL WATER SYSTEM, INC., requires at least 5 days prior notice in order to cancel this authorization. Name(s):\_\_\_\_\_ (Please Print) Date: \_\_\_\_\_\_ Signature(s): \_\_\_\_\_ Phone Number: \_\_\_\_ Account Number: \_\_\_\_\_

NOTE: To catch leaks, we ask that you review your monthly bills as we do not know what "normal" usage is for you.