

ACH / BANK DRAFT AUTHORIZATION



AUTHORIZATION AGREEMENT FOR ACH COLLECTIONS

INDIVIDUAL NAME: _____
SERVICE ADDRESS: _____
ACCOUNT NUMBER: _____

*I hereby authorize **Putnam Community Water** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account or accounts listed below.*

ABOUT YOUR ACCOUNT(S) (Where your water payment is to be drawn from)

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION ACCOUNT # _____

ROUTING # _____

TYPE OF ACCOUNT CHECKING SAVINGS

This authority is to remain in full force until Putnam Community Water has received written notification from me of its termination in such timely manner as to afford Putnam Community Water and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME: _____

DATE: _____ SIGNATURE: _____

Attach Voided Check Here



Putnam Community Water Corporation
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