

PO Box 1376, McGill, NV 89318 775-235-7701 (Phone) mrswd@mcgillruthwater.com (email)

Direct Credit Agreement Form/ACH Transactions

Authorization Agreement

I hereby authorize McGill Ruth Sewer and Water District to initiate automatic withdrawals/credits to my account at the financial institution named below. I also authorize McGill Ruth Sewer and Water District to make withdrawals/deposits from this account in the event that a credit entry is made in error. Further, I agree not to hold McGill Ruth Sewer and Water District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account.

I am aware that there may be a waiting period of up to 30 days for this to take effect; depending on what day form was received into the District Office. I am aware funds will be taken out of my account on or around the 15th of each month. If the 15th lands on a weekend funds may come out on the Friday before, or the next Monday. I understand McGill Ruth Sewer & Water District will not supply written notice or notification on amounts larger than I normally incur and that I must review my billing each month to verify the charge. I understand I may contact the District Office to verify payment start date.

This agreement will remain in effect until McGill Ruth Sewer and Water District receives a written notice of cancellation from me or my financial institution.

Account Information

Customer Name:	Customer Acc	Customer Account #:	
	lumber:		
-	nancial Institution		
	Account Number		
-	Checking account		
By signing below, I am a account for automatic bil	0	zation Sewer & Water District to charge/credit my	
Signature:		Date:	
	<u>Please fill out form and return with</u> McGill Ruth Sewer and Wa P.O. Box 1376 McGill, Nevada 893	ater District	

"This Institution is an equal opportunity provider and employer."