



Wagoner County Rural Water District #4
9816 S. 239th East Avenue
Broken Arrow, OK 74014-3337
918-258-2331 Fax 918-251-5206

Date _____



Attach Voided Check Here

Authorization to Pay Water & Sewer Bill
Wagoner County Rural Water District #4
9816 S. 239th East Avenue
Broken Arrow, OK 74014-3337

Name _____ Account # _____

Home Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip _____

I (we) hereby authorize Wagoner County Rural Water District #4, Hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereafter called the DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Las.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Account # _____

Date _____ Signature _____