RRRWS Acct #: _____

DEBIT AUTHORIZATION

Red Rock Rural Water System, PO Box 160, Jeffers MN 56145

I (we) hereby authorize Red Rock Rural Water System to initiate an automatic debit entry each month from the financial institution account identified below for payment of my (our) monthly service charges. The amount due will be deducted from my (our) account for the amount specified on each monthly water bill.

Financial Institution _____ Branch _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

Type of Account (select one): ☐ Checking ☐ Savings

(select one): ☐ Personal Acct ☐ Business Acct

Starting Date: I (we) authorize debits to start on or after the date of the authorization

Frequency of Debits: One time per month initiated on the 10th of each month. If the 10th falls on a weekend or a Holiday, the initiation of funds is made on the next business day.

E-Mail Address: _____

I understand that this authorization will remain in full force and effect until I notify Red Rock Rural Water System by phone at 507-628-4201 or by email at billing@redrockruralwater.com at least five (5) days prior to the effective date of the transaction.

Debit Account Holder Name _____
(Please Print)

Date _____ Debit Account Holder Signature _____

Interested in paperless billing? _____ Yes _____ No

Please make a copy of this form for your records or if you would like us to mail you a copy, please check "yes" below:

_____ Yes

ATTACH A COPY OF VOIDED CHECK TO THIS FORM