

DEBIT AUTHORIZATION

I hereby authorize Red Rock Rural Water System, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated at the financial institution named below.

Financial Institution _____ Branch _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

Type of Account Checking Savings

Starting Date and Frequency of Debits On or about the 10th of each month

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 in writing by mail to PO Box 160, Jeffers MN 56145 at least three (3) 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

ATTACH A COPY OF VOIDED CHECK TO THIS FORM