

**1 AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize RURAL SEWER DISTRICT #1, ROGERS COUNTY, hereafter called RSD#1, to debit entries to my (our) account indicated below and the Financial Institution named below to debit same to such account. I (we) acknowledge the organization of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Property Address: _____ Homeowner Name: _____

Contact Phone: _____

(Financial Institution Name) (Branch)

(Address) (City – State) (Zip)

(Bank Routing/Transit Number) (Checking Account Number)

This authority is to remain in full force and effect until RSD#1 has received written notification from me (or either of us) of its termination in such time and manner as to afford RSD#1 and the Financial Institution a reasonable opportunity to act on it.

(print individual name) (print individual name)

(Signature) (Signature)

(RSD#1 Account Number – To be filled in by RSD#1)

(Date Signed)

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PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaining_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail at U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW., Washington, D.C. 20250-9410, by fax at (202) 690-7442 or email at program.intake@usda.gov.