



OREGON WATER WONDERLAND UNIT II

SANITARY DISTRICT

55841 SWAN ROAD

BEND, OREGON 97707

PHONE (541) 593-3124 • FAX (541) 593-1111

www.oww2sd.com

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: OWW II Sanitary District

Company ID # 93-0991777

I (we) hereby authorize the Sanitary District (District) to initiate debit entries to my (our):
 Checking Account **or** Savings Account (← select one) indicated below at the depository financial institution named below, hereinafter called BANK, 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. law.

Bank Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Routing # _____

Account # _____

Do not debit my (our) account for more than \$ _____ in one month without notifying me (or either of us) first. **Maximum draft amount**

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

Name(s) _____ Account # _____

(Please Print)

Signature _____ Date: _____

Note: The District will debit your account on or about the 25th of every month for the total balance due. If the 25th falls on a weekend or holiday it will be processed the next business day