AUTOPAY AUTHORIZATION FORM

NAME_____

CASS RURAL WATER ACCOUNT NUMBER_____

PHONE NUMBER_____

EMAIL_____

CUSTOMER AUTHORIZATION

I authorize Cass Rural Water and the financial institution listed below to initiate electronic debit entries and any credit entries otherwise in error from my

_____ Checking Account _____ Savings Account

FINANCIAL INSTITUTION

DATE

SIGNATURE

NAME (PLEASE PRINT)

TRANSIT/ROUTING (ABA) NUMBER

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

ATTACH VOIDED CHECK HERE