

# Seminole County RWD #1

P.O. Box 477  
Wewoka, OK 74884-  
257-3727

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **Seminole County RWD #1**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below at the financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I further authorize COMPANY to initiate credit entries to my (our) account for the sole purpose of correcting any debit entries that were previously initiated in error or for an incorrect amount.

\_\_\_\_\_  
(Depository/Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

☐ Checking Account

☐ Savings Account

(Select One)

\_\_\_\_\_  
(Bank Routing Number)

\_\_\_\_\_  
(Bank Account Number)

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

\_\_\_\_\_  
(Please Print Your Name Here)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Please Print Your Name Here)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Attach a voided check or deposit slip here to ensure correct entry of bank information.**

### For Office Use Only

Date Received: \_\_\_\_\_

Date First Debit: \_\_\_\_\_

Date Last Debit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_