

ACH BANK DRAFT REQUEST FORM

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED AUTOMATIC PAYMENTS BETWEEN THE FARM MUTUAL WATER COMPANY AND PLEASE PRINT CUSTOMER NAME HERE		
CUSTOMER INFORMATION		
FARM PROPERTY ADDRESS	FMWC ACCT # NOT THE SAME AS YOUR PHASE/LOT	CONTACT PHONE NUMBER
BANK ACCOUNT INFORMATION		
BANK NAME		
DAINTIAME		
NAME(S) AS THEY APPEAR ON YOUR ACCOUNT	_	
	TVPE OF	F ACCOUNT
BANK ROUTING NUMBER	CHECKING	SAVINGS
BANK ACCOUNT NUMBER	ol	NE BOX ONLY
Customer is required to contact their financial institution account routing number as provided on account holder(something number for electronic transactions, it is the account hold the section above.) check. If the financial ir	nstitution uses a different routing
This authorization is to remain in full force and effect un notification from the customer of its termination, at s Company and the bank a reasonable opportunity to act o	such time and in such a	
By my signature below; I authorize the Farm Mutual Wa payment from the bank account identified above. I und my account listed above on or about the 10th of each and	derstand and acknowledg	•

DATE

SIGNATURE