



# Minnehaha Community Water, Corp

47381 248th St

Dell Rapids, SD 57022

Office (605) 428-3374 Fax (605) 428-3395 • mcwcbilling@siouxvalley.net

## Automated Clearing House (ACH) Authorizations Agreement

Please check one:  New ACH or  Change ACH

### Customer Contact/Billing Information

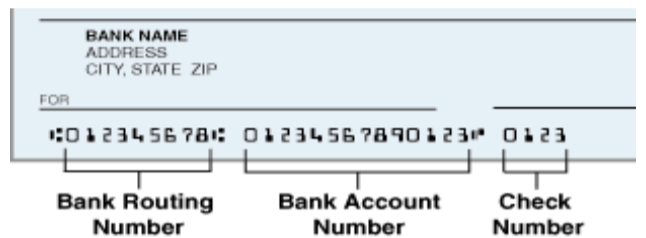
Customer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
MCWC Account Number: \_\_\_\_\_ Map Location Number: \_\_\_\_\_

### Billing Information

You will receive the billing statement around the first of the month stating the reading, number of gallons used and the amount MCWC will deduct on the 15th of the month. If the fifteen falls on the weekend or a holiday the withdrawal will be the following business day.

### Banking Information

Account Type:  Checking  Savings  
(please check one)  
 Business Account (Check this box if the checking or savings account is setup at your bank as a business or commercial account.)



Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Payment Authorization

I authorize Minnehaha Community Water, Corp to debit my account pursuant to the provisions set forth above. This authorization is to remain in full force and effect until the Corporation receives written notification from me of my intent to terminate this Authorization.

I understand if I wish to the have Minnehaha Community Water Corp. debit a bank account other than the one named above, I must sign a new Authorization and submit it to the office. I understand that if Minnehaha Community Water Corp. attempts to debit my account and there are insufficient funds in my account to allow such a debit, then I will be liable to pay an insufficient funds fee of \$30.00. I understand that in that event, Minnehaha Community Water, Corp. may cease any further attempts to debit my account as contemplated by this Authorization.

I represent that I am authorized to execute this Authorization and that the information set forth above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*Please Attach a Voided Check only and Return to Office\*\*\*\*\***

Please do not attach a deposit slip. The form will be returned if you do. Thank you.