



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

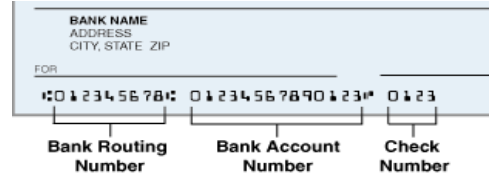
You will receive the billing statement around the first of the month stating the reading, number of gallons used and the amount MCWC will deduct on the 15th of the month. If the fifteen falls on the weekend or a holiday the withdrawal will be the following business day.

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 initiate electronic debit entries for the purpose of payment of water bill, and if necessary, electronic credit entries to correct any erroneous debit entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. 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 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.