ACCOUNT AND CONTACT INFORMATION FORM

Name: _____ Account #, if known: _____

Address: _____

Own or Rent? ____ Own ____ Rent

Name(s) of Home/Business owner (per Deed): _____

Billing Address, if different than above: _____

Phone Number (s):

Landline: _____ Work #: _____

Cell #: _____ Other: _____

Email address: _____

EMAIL BILLING:

_____ YES,sign me up - Email address: _____

_____ No, I don't have email

ACH AUTHORIZATION FORM:

Please provide following information to authorize ACH transfers from your account to that of MG County Rural Water District #2 for payment of your monthly bill. I understand that email billing will be required to have ACH withdrawals.

Name of Bank: _____ Location of Bank: _____

Bank Account #: _____ Routing Number:_____

Name(s) list on account : _____

Account Type: ___Checking (please provide voided check) ___Savings

Be advised that the ACH Withdrawals will be once a month, on the 16th. In the event the 16th falls on the weekend, payment with be withdrawn on the next business day.

I hereby authorize Rural Water District #2 of Montgomery County to initiate ACH debit entries to the financial institution account listed above. I am an authorized account holder. I also understand that a declined ACH withdrawal, will be treated as a Non-Sufficient Fund check and I will be charged a $30.00 NSF fee.

Signature: _____

Printed name of signature above: _____ Date: _____

Email address: _____