

South Lincoln Rural Water System, Inc.  
28647 472<sup>nd</sup> Ave., Beresford SD 57004  
605-777-9905

### ACH Debit Authorization

Name: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Personal Account                      or                       Business Account

Checking                                      or                       Savings

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Payment Frequency:     One Time Only     Weekly     Bi-Weekly     Monthly

Other (describe) \_\_\_\_\_

Payment Amount:     Fixed \$ \_\_\_\_\_

Variable (describe the method of determining amount)  
\_\_\_\_\_

Payment Start Date: \_\_\_\_\_

Payment End Date: \_\_\_\_\_

I, (name) \_\_\_\_\_, authorize South Lincoln Rural Water System, Inc. to initiate automatic debit entries to my account listed above, which is held at the depository financial institution listed above. I authorize the initiation of credit entries, if necessary, to reverse any duplicate or erroneous entries made in error to the account listed above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law and the Nacha Operating Rules and Guidelines.

This ACH Debit Authorization is to remain in effect until South Lincoln Rural Water System, Inc. has received written notification from me to terminate it in such time and in such manner as to afford the said company a reasonable opportunity to act on it. By signing this authorization, I hereby acknowledge receipt of a copy of this signed ACH Debit Authorization.

\_\_\_\_\_  
Name (please print clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Authorization must be retained by the Originator for a period of two years following the termination or revocation of the authorization.