

### ACH Authorization

**AUTHORIZATION.** I ("Account Holder") authorize \_\_\_\_\_ McClain County RWD #8 \_\_\_\_\_ to electronically debit my account as instructed below ("Account") beginning on \_\_\_\_\_. I understand that if the debit is scheduled on a day the Bank does not process ACH transactions, the debit will be completed the next banking day.

**DEBIT FROM ACCOUNT:**

Account Holder: \_\_\_\_\_

Depository Institution: \_\_\_\_\_

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

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

**I do hereby give written authorization for drafts to be paid to \_\_\_\_\_ McClain County RWD #8 \_\_\_\_\_ for recurring monthly payments. A statement will be provided within 10 days prior to the draftdate.**

**INSUFFICIENT FUNDS.** I acknowledge that if at the time that the debit entry is conducted the account does not have sufficient funds, fees could result. If the Account has insufficient funds when \_\_\_\_\_ McClain County RWD #8 \_\_\_\_\_ attempts to debit the account, \_\_\_\_\_ McClain County RWD #8 \_\_\_\_\_ may terminate the ACH authorization upon notice to Account Holder.

Insufficient/Return Fee Amount: \$ \_\_\_\_\_

**CANCELLATION.** I understand this authorization will remain in full force and effect until cancelled by me or \_\_\_\_\_ McClain County RWD #8 \_\_\_\_\_ upon written notice. If I wish to cancel this Authorization, I will notify \_\_\_\_\_ McClain County RWD #8 \_\_\_\_\_ at least 10 days prior to the next scheduled debit date.

McClain County RWD #8
100 North Shannon
Wayne, OK 73095
405-449-7700

**By signing I acknowledge that I am the owner of the account being debited and have the authority to authorize \_\_\_\_\_ McClain County RWD #8 \_\_\_\_\_ to make the requested debit entry. As the account holder I have read and agree to the terms set forth above and acknowledge receipt of a copy of this authorization.**

**ACCOUNT HOLDER:**

By: \_\_\_\_\_ Date: \_\_\_\_\_

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