



**AUTOMATED CLEARING HOUSE (ACH)
ORIGINATOR AGREEMENT ATTACHMENT
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Bigfork Water & Sewer District, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Bank named below, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name: _____

Address: _____

City/ST/Zip _____

(Routing / transit number) _____ Type of Acct: Checking Savings
(Account number) _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and STOCKMAN BANK a reasonable opportunity to act on it.

(print individual name)

(print individual name)

(water / sewer account number(s))

(water / sewer account number(s))

(signature)

(signature)

(date)

(date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM