

Eric Hickman, P.E. General Manager ehickman@ocwdky.org 124 East Washington Street P.O. Box 207 Hartford, Kentucky 42347

Phone: 270-298-7704 Fax: 270-274-3676 www.ocwdky.org

OHIO COUNTY WATER DISTRICT DEBIT AUTHORIZATION AUTOMATIC PAYMENTS

I (we) hereby authorize Ohio County Water District, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for Water Usage. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)		(Branch)
(Address)	(City/State) (Zip)
(Routing Number)	(Account Number)	Type of Account: Checking Savings
notification from me	e (or either of us) of its	effect until Company has received written termination in such time and manner as to reasonable opportunity to act on it.
(Print Individual Name)	(Signa	 nture)
(Account Number)		<u> </u>

PLEASE ATTACH VOIDED CHECK TO THIS FORM



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