

PLEASE ATTACH A VOIDED CHECK WHEN RETURNING THIS FORM

Trinity Rural Water Supply Corporation



MEMBER ACH DEBIT AUTHORIZATION FORM

MEMBER INFORMATION

NAME:	
ADDRESS:	
PHONE:	CEL:

SERVICE INFORMATION

NAME:	
ADDRESS:	
PHONE:	CEL:

BANK INFORMATION

BRANCH NAME:	
ADDRESS:	
CITY	STATE ZIPCODE
ACCOUNT #	ROUTING #
DRAFT \$	MAX DRAFT \$

MEMBER AUTHORIZED SIGNATURE:

TRWSC AUTHORIZED SIGNATURE

OFFICE USE ONLY

Processed by: _____	Date: _____	RVS: _____	Filed: _____	Acct #: _____
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