

PLEASE ATTACH A VOIDED CHECK WHEN RETURNING THIS FORM

Trinity Rural Water Supply Corporation

MEMBER ACH DEBIT AUTHORIZATION FORM

MEMBER INFORMATION

NAME: _____

ADDRESS: _____

PHONE# _____ CELL: _____

SERVICE INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

BANK INFORMATION

BRANCH NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ACCOUNT#: _____ ROUTING# _____

MEMBER AUTHORIZED SIGNATURE

DATE

TRWSC AUTHORIZED SIGNATURE

OFFICE USE ONLY

PROCESSED BY: _____ DATE: _____ ACCT# _____