

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: _____

Physical Address: _____

Phone: _____ Cell: _____

BANK INFORMATION

Branch Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account #: _____ Routing #: _____

Max Draft Amount: _____

Member Authorized Signature

TRWSC Authorized Signature

OFFICE USE ONLY

Processed by: _____ Date: _____ Acct #: _____