

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 #: _____
---------------------	-------------	------------	--------------	---------------