

**PITTSBURG COUNTY  
RURAL WATER DISTRICT No. 5  
P. O. BOX 102  
McALESTER, OK 74502  
(918) 426-5555**

We currently offer you the opportunity to pay your monthly water bill through a direct payment plan. The district will draft your account for the amount of your water bill each month, on the 16<sup>th</sup> of the month or the first working day after the 16<sup>th</sup>.

When bills are mailed out on the first of the month, you will receive a card that will show the amount that will be drafted from your account. If the draft fails to process due to lack of funds or any other reason, the district will suspend the draft process for you and you will be billed in the normal method from that point forward.

If you are interested in participating in the direct payment plan, please fill out the following form, sign it and **return the form with a voided check**. A voided deposit slip will not be acceptable, as they don't always contain the required information. The direct payment plan will begin with the bills mailed for the month of your choice and your account will be drafted on the 16<sup>th</sup> of the month or the first working day after the 16<sup>th</sup>.

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**IT IS NOT NECESSARY TO COMPLETE THIS FORM IF YOU  
ALREADY HAVE AN AGREEMENT ON FILE WITH THE DISTRICT.**

I (we) hereby authorize Rural Water District # 5, Pittsburg County, hereinafter called COMPANY, to initiate debit entries to my (our)  **Checking Account** /  **Savings Account** (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

For district use only
Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

Name(s) \_\_\_\_\_ Water District Account # \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**