AUTHORIZATION AGREEMENT
AUTOMATIC PAYMENTS (ACH DEBITS)

I _____ hereby authorize **Stephens County RWD #5** hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or 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.

_____ (Financial Institution Name)

_____ (Branch)

_____ (Address) (City/State) (Zip)

_____ (Routing Number)

_____ (Account Number)

Type of Account: ____ **Checking** ____ **Savings**

This authority 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 andmanner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ (Print Individual Name)

Acct. # _____ (Print Individual ID Number)

_____ (Signature)

____/____/____ (Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!*