

**CRAIG COUNTY RURAL WATER DISTRICT #3
AUTHORIZATION FORM
DIRECT DEBIT OF ACCOUNT**

Name: _____
Last First Middle

Primary Phone Number: _____ Secondary Phone Number: _____

Service Address: _____ Mailing/Billing Address: _____

Email Address: _____ CCRWD3 Acct. Number: _____

Please check an option below (select only one):

- Automatic Debit – recurring debit from a checking or savings account. **Please complete and sign this form, attach a voided check for the account you wish to debit and return to the address listed below. Phone number is required.**
- Change of accounts and/or financial institution. **Please complete and sign this form, attach a voided check for the account you wish to debit and return to the address listed below. Phone number is required.**
- Cancel participation. **Please complete and sign this form, for the account you wish to remove from participation and return to the address listed below. Phone number is required.**

Select Primary Account: Checking/Money Market^{1*} Savings*

Account # _____ Routing (ABA) # _____

Your routing and checking account numbers appear at the bottom of your check. To assure accuracy, please attach a voided check. If you have trouble locating these numbers, please contact your financial institution for assistance.

The amount due on your water statement is automatically deducted from your banking account for each billing period, unless written authorization is received canceling participation of direct debit.

***Please be advised that, if you choose to use a Savings or Money Market, your financial institution may limit the number of transactions and assess a fee for exceeding the limit or decline the direct debit authorization. Please contact your financial institution for further information.**

****Please allow up to four weeks for your request to be processed. You are responsible for payment until this direct debit service is established or cancelled****

*****All Returned Direct Debit Authorizations are subject to a \$30.00 Fee*****

Financial Institution: _____
Include City, State and Zip for Financial Institution

AUTHORIZATION STATEMENT: I hereby authorize Craig County Rural Water District #3 and the financial institution above to debit my account electronically each statement period. This authority will remain in effect until I have signed a new authorization, or upon written notice to cancel participation.

Signature (Required) Date (Required)

CANCELLATION: You must notify CCRWD3 in writing to cancel this service.
Please Sign this form and return to the address listed below

Please do not send sensitive information such as banking information by email. Craig County Rural Water District 3 will not request this information by email. If you need to update this information, please contact our office by calling the number listed below.

¹If the Money Market Account used is not a Demand Deposit Account; the direct debit authorization may be declined. Please contact your financial institution for further information.

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craigcorwd3@yahoo.com
918-788-3108 or 918-533-6506
