

ACH AGREEMENT

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **MAYES COUNTY RWD #2**, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge 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 Code) _____

(Routing/Transit Number) _____ (Account Number) _____

Type of Acct: 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 and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Name) _____ (RWDNO2 Acct. #) _____

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

(Signature) _____ (Date) _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM