Agassiz Water Users District

P.O. Box 185

Gilby ND, 58235

Phone: 701-869-2690

Email: office@awud.org

ACH Direct Withdrawal Authorization Form

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

We now offer Email Statements, please specify if you prefer your statement to be emailed or delivered by mail. (please circle one): First Class Mail or Email

Bank Information

Bank Name: _____

Bank Address: _____

Bank Phone: _____ Checking_____ or Savings_____

Account Holder Name: _____

Account #: _____

Bank Routing#: _____

Please include a voided Check from this account

I authorize Agassiz Water Users District to withdraw my monthly utility amount according to the following schedule from account listed above.

_____Every 10th of the month Start Date_____

Signature: _____ Date: _____

<u>Meter Readings</u>: Email **office@awud.org** each month with your current meter reading