

Acct# _____

**ACH DEBIT AUTHORIZATION
For Automatic Monthly Payments**

Date: _____

I / We _____, authorize
(print individual or company name)

“Rogers Co RWD 6” to initiate ACH debits in the amount of \$ monthly bill amount
from my bank account (as shown by the attached voided check) on the 15th day
of each month, to be credited to my account with “Rogers Co RWD 6.”

This authorization shall remain in force and effect until “Rogers Co RWD 6” receives
my/our written notification to cancel, of a change in my bank account number or I pay
the balance in full. There will be a \$35.00 NSF fee for all returned payments.

I understand it takes approximately 10 business days from the time “Rogers Co RWD 6”
receives this form for this process to be activated.

Customer Signature

Date

Customer Signature

Date

ATTACH VOIDED CHECK HERE

Please complete form and return to Rogers Co RWD #6 office. If returning by mail,
please mail to:
Rogers Co. RWD #6
PO Box 307
Inola, Ok. 74036