

Lorain County Rural Wastewater District 22898 West Rd., PO Box 158 Wellington, OH 44090-0158

440-647-4882 • 440-647-4870

AUTOMATIC PAYMENT (ACH DEBIT) AUTHORIZATION FORM

Company Name: Lorain County Rural Wastewater District (LORCO)

financial institution named below, her debit entries, and if necessary, cre	nereinafter called COMPANY and the depository reinafter called DEPOSITORY, to initiate electronic dit entries to my account listed below. I (we) ACH transactions to my (our) account must comply
(Financial Institution Name)	(Branch)
(Address)	(City, State, Zip Code)
(Routing Number)	(Account Number)
Circle One: Checking Account	Savings Account
This authority is to remain in full force notification from me of its termination and DEPOSITORY a reasonable opposition.	ce and effect until COMPANY has received written in in such time and manner as to afford COMPANY prtunity to act on it.
(Customer Name - Print)	(Customer Signature)
(Address)	(City, State, Zip Code)
(Phone Number	(Date)