



1395 East Shore Drive
Martinsville, IN 46151

www.MCRW.org
765-342-7370 Phone
765-342-5141 Fax

APPLICATION FOR ACH / Auto-Draft
ALL INFORMATION MUST BE COMPLETED

Pay your bills the easy way. Our plan allows you to pay your utility bill without even leaving your home or mailing a payment to us. Your bill amount is deducted from your checking or savings account each month. You receive a billing statement prior to withdrawal so you will know exactly how much is being withdrawn to pay your monthly bill. **Drafting will take place on or around the 10th of each month.**

To enroll:

1. **Fill out this enrollment form**
2. **Voided check** from your **checking account**
OR
Deposit slip from the **savings account**
3. **Return** the completed form and voided check OR deposit slip to **Morgan County Rural Water**

Enrollment Form

Name: _____

Service Address: _____

City _____

State _____ ZIP _____

Phone _____

MCRW Account Number _____

MCRW Location Number _____

Banking Information

Financial Institution Name

Account Number : _____
Savings / Checking

Please be sure to enclose a voided check for the checking account you wish to have debited. Enclose a deposit slip for a savings account.

(_____) _____
Telephone for bank

Authorization:

I authorize Morgan County Rural Water to instruct my bank, savings & loan or credit union to pay my total bill from my checking or savings account listed. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Morgan County Rural Water in such time and manner so as to afford the company reasonable opportunity to act on it. Discontinuance of this payment service shall not affect any amounts owed by me to the company.

Signature

Date