



1395 East Shore Drive  
Martinsville, IN 46151  
8:00 – 4:30 Weekdays

[www.MCRW.org](http://www.MCRW.org) • 765-342-7370 • 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 You receive a billing statement prior to withdrawal so you will know exactly how much is being withdrawn to pay your monthly bill.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 10<sup>th</sup> 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** \_\_\_\_\_

**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

\_\_\_\_\_  
Signature Date