

**GORE PUBLIC WORKS AUTHORITY**

**201 S. MAIN ST., PO BOX 329**

**918-489-2483**

**GORE, OK 74435**

***goretown@crosstel.net***

**DIRECT DEBIT AUTHORIZATION AGREEMENT**

for pre-arranged payments (ACH Debits)

I (we) hereby authorize Gore Public Works Authority (GPWA), hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for the amount of my (our) monthly utility services—which may include water, sewer, and/or trash—according to the amount of my (our) monthly GPWA bill/statement; and so saying, this amount will be debited from my (our) account on or about the **8<sup>th</sup>, 9<sup>th</sup>, OR 10<sup>th</sup>** day of each month or the next business day after this date, if this date falls on a weekend or recognized holiday. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Bank Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number) Type of Acct: \_\_\_\_\_Checking \_\_\_\_\_Savings

This authority is to remain in full force and effect until GPWA has received **written** notification from me (or either of us) of its termination in such time and manner as to afford GPWA and FINANCIAL INSTITUTION a reasonable opportunity to act on it. **GPWA may discontinue my participation and enrollment in the debit bill payment program at any time.**

If there are insufficient funds in my (our) bank account on the date that my (our) account is debited (on or about the 8<sup>th</sup>, 9<sup>th</sup>, or 10<sup>th</sup> day of each month), I understand that a \$25.00 return fee will be charged to my GPWA account, and that I (we) will be required to pay the return fee and the bill in cash.

\_\_\_\_\_  
GPWA Customer Account Name Signature (must be authorized accountholder)

\_\_\_\_\_  
Date Signature (must be authorized accountholder)

\_\_\_\_\_  
GPWA Utility Account # GPWA Service Address

Home ph# \_\_\_\_\_ Work ph# \_\_\_\_\_ Cell ph# \_\_\_\_\_

**\*\*\*PLEASE ATTACH A COPY OF A VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP TO THIS FORM!\*\*\***

Upon receipt of this signed authorization, your GPWA utility payments will be debited the following month.

**Continue to pay your bill in the usual manner until this message appears: “BANK DRAFTED – DO NOT PAY” or until you receive another form of notification from GPWA that your bank account has been or will be debited.**