## Cherokee Rural Water

1593 580<sup>th</sup> St. P.O. Box 1022 Cherokee, IA 51012 Ph. 712-225-6193

## **Authorization for Automatic Bank Account Withdrawal**

I (we) hereby authorize Cherokee Rural Water (CRW) to initiate debit entries, in the amount of our monthly bill, to my (our) account indicated below, at the financial institution named below.

You will receive your bill on the first of the month so you can check it for accuracy and contact us with any questions. The amount of your bill will automatically be deducted from your designated bank account on the 10<sup>th</sup> of the month.

<b>Customer Informatio</b>	on	
Print Name: Address: City, State, Zip: Telephone (Day):	(Eve	ening)
<b>Bank Account Withd</b>	rawal Information	
Bank Name:		_
ABA Routing #	Account #	Checking/Savings (circle one)
Cherokee Rural Wat	er Account #	
written notification of its terr	mination in such time and in rtunity to act on it. In no ever rior to receipt of notice of term	
Signature:		Date: