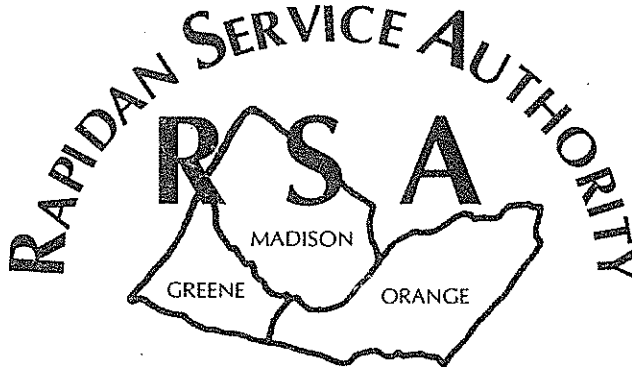


RAPIDAN SERVICE AUTHORITY  
11235 SPOTSWOOD TRAIL  
PO BOX 148  
RUCKERSVILLE, VA 22968  
TEL 434-985-7811  
FAX 434-985-6075

RAPIDAN SERVICE AUTHORITY  
3489 GERMANNA HWY  
PO BOX 736  
LOCUST GROVE, VA 22508  
TEL 540-972-2133  
FAX 540-972-7065



*Serving the Counties of Greene, Madison and Orange*

**Rapidan Service Authority  
Electronic Funds Transfer  
Authorization Form**

I (we) hereby authorize Rapidan Service Authority, hereafter called RSA, to initiate debit entries (withdrawals from) and to initiate, if necessary, credit entries (deposits to) and adjustments for any debit entries in error to my (our) account indicated below and the depository named below (hereafter called Depository) to debit and/or credit the same to such account. This authorization is to remain in full force and effect until RSA has received written notification from me (or either of us) of its termination in such time as to afford RSA and the Depository a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\*\*\*ATTACH A VOIDED CHECK\*\*\***

Customer Information
_____ Name
_____ Telephone
_____ Email Address
_____ RSA Account Number(s)
_____

Customer's Bank Information
_____ Bank Name
_____ Name(s) on the Bank Account
_____ ABA # (The nine digits on your check to the left of the account #)
_____ Checking or Savings Account #
_____ Is this a checking or savings account?
_____

*YOU WILL CONTINUE TO RECEIVE YOUR BILL. ONCE THE ELECTRONIC PAYMENT PLAN HAS BEEN PROCESSED, YOUR BILL WILL STATE THAT PAYMENT WILL BE SUBMITTED BY YOUR BANK. THERE IS NO CHARGE FOR THIS SERVICE. SERVICE FEES WILL BE ASSESSED FOR TRANSACTIONS THAT ARE RETURNED BY YOUR BANK DUE TO INSUFFICIENT FUNDS, ACCOUNT CLOSURES, ETC.*