

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

NAME _____ WATER ACC. # _____

I hereby authorize _____, hereinafter called INDIVIDUAL, to initiate debit entries to my Checking Account indicated below at the bank named below, hereinafter called BANK, to debit the same to such account.

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ BANK ACCOUNT NO. _____

This authorization is to remain in full force and effect until INDIVIDUAL has received notification from me of its termination in such time and in such manner as to afford INDIVIDUAL and BANK a reasonable time to act on it.

NAME _____ (PLEASE PRINT)

DATE _____ SIGNED X _____
SIGNED X _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.