AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS/CREDITS)

NAME ___ELK RIVER PUBLIC UTILITY DISTRICT

I (WE) HEREBY AUTHORIZE ELK RIVER PUBLIC UTILITY DISTRICT HEREINAFTER CALLED COMPANY, TO INITIATE DEBIT/CREDIT ENTRIES TO MY (OUR) _____ CHECKING ACCOUNT
_____ SAVINGS ACCOUNT

INDICATED BELOW AT THE DEPOSITORY FINANCIAL INSTITUTION NAMED BELOW, HEREAFTER CALLED DEPOSITORY, AND TO DEBIT THE SAME TO SUCH ACCOUNT. I (WE) ACKNOWLEDGE THAT THE ORIGINATION OF ACH TRANSACTIONS TO MY (OUR) ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.

Depository Name _____Branch_____

City_____State_____Zip_____

Routing Number_____ Account Number_____

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD COMPANY AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT.

NAME (S) _____ID NUMBER_____

SERVICE ADDRESS _____

DATE _____SIGNATURE_____

PHONE: Cell:_____ Home:_____ Work:_____

VERIFIED BY:_____