

ROUTE # _____

**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 Account
Number _____ 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) _____ CUSTOMER # _____

SERVICE ADDRESS _____

DATE _____ SIGNATURE _____

PHONE: Cell: _____ Home: _____ Work: _____

VERIFIED BY: _____