

*AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS*

COMPANY NAME Municipal Water & Sewer System COMPANY ID NUMBER \_\_\_\_\_

I (WE) hereby authorize Municipal Water & Sewer System, hereinafter called COMPANY, to initiate debit entries and any adjustments to correct errors to my (our)  CHECKING or  SAVINGS ACCOUNT (select one) indicated below and the depository name below, hereinafter called DEPOSITORY, to debit same to such account.

DEPOSITORY NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT / ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority 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 a reasonable opportunity to act on it.

NAME X \_\_\_\_\_ ID NO. \_\_\_\_\_  
(PLEASE PRINT)

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_

ATTACH YOUR VOIDED CHECK HERE