

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED  
WITHDRAWALS (DEBITS)

I hereby authorize \_\_\_\_\_ (insert originating company name)  
to initiate debit entries to my account number indicated below at the depository named below  
and to initiate, if necessary, credit entries or adjustments for any debit error.

Please attach a voided check.

\_\_\_\_\_  
Depository Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/Routing ABA # \_\_\_\_\_ Account Number \_\_\_\_\_

(Specify dollar amount or "Total Amount of Sewer Bill) \$ \_\_\_\_\_

I acknowledge that the origination of ACH transactions to my account must comply with the  
provisions of U.S. Law. This authority is to remain in full force and effect until written notice of  
my intention to terminate this agreement (30 days notice is required) has been provided.

Account Number \_\_\_\_\_

\_\_\_\_\_  
payer/debitor name – please print

\_\_\_\_\_  
date

\_\_\_\_\_  
payor/debitor signature

\_\_\_\_\_  
telephone number

PAYMENT WILL BE DRAWN ON THE 24<sup>TH</sup> DAY OF THE BILLING MONTH.