

ACH Authorization Agreement
FOR DIRECT PAYMENT (ACH DEBITS)

,
Phone
Fax

UTILITY ACCOUNT ; _____

CUSTOMER NAME _____

SERVICE ADDRESS _____

I/We hereby authorize the , hereinafter called UTILITY, to initiate debit entries to my/our () Checking () Savings account (select one) indicated below and the depository financial institution named below, hereinafter 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 _____

TRANSIT ROUTING / ABA NUMBER _____

ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until UTILITY has received written notification from me (or either of us) of its termination and in such time and in such manner as to afford UTILITY and DEPOSITORY a reasonable opportunity to act on it.

DATE _____ SIGNED _____

PLEASE ATTACH A SAMPLE VOIDED DEPOSIT SLIP