

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: Eastabuchie Utility Association

I (we) hereby authorize Eastabuchie Utility hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account on the 10th of every month.

BANK NAME: _____
(DEPOSITORY)

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have 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.

ID NUMBER: _____ PHONE #: _____
(Eastabuchie Utility Acct #)

PRINT NAME(S): _____

SIGNATURE: _____

DATE: _____

(STAPLE VOIDED CHECK HERE)