**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

COMPANY NAME: Elkhorn Water District

I (we) hereby authorize **EWD**, hereinafter called **COMPANY**, to initiate debit entries to my (our)

 **Checking Savings account (select one)** indicated below and the bank/financial institution named below,

hereinafter called BANK, to debit the same to such account.

BANK NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BANK ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

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

ROUTING/TRANSIT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BANK ACCT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

This authority is to remain in full force and effect until COMPANY and BANK 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 BANK a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EWD ACCOUNT NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENTERED BY DATE EFFECTIVE DATE

***\*\*PLEASE SUBMIT FORM WITH A VOIDED CHECK TO: PO BOX 67, FRANKFORT, KY 40602\*\****

Your monthly ACH payment will be made on or about the 15th of each month, unless the 15th falls on a weekend or holiday. You will still receive a bill in the mail with usage and amount due. Any ACH returned for non-payment will incur a charge of $10. If you have any questions, feel free to call our office at (502) 695-4431.