

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Jackson's Gap Water Authority, hereinafter called COMPANY, to debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to my (our) account indicated below and the financial institution names below, hereinafter called FINANCIAL INSTITUTION, 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 United States law.

(Financial Institution Name)

(City/State) (Zip)

(Routing Number) (Account Number)

Type of Acct: _____ Checking _____ Savings

Effective date of transaction: _____

****Will draw on 1st or 8th of month. ****

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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Print Individual ID Number)

(Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!