

**AUTHORIZATION AGREEMENT
FOR
AUTOMATED PAYMENT**

COMPANY NAME: JAMES KIMZEY WATER DISTRICT

I hereby authorize James Kimzey Water District, hereinafter called Company, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my _____ Checking and/or _____ Savings account (select one) indicated below and the depository named below, hereafter called DEPOSITORY, to credit and / or debit the same to such account.

FINANCIAL INSTITUTION NAME: _____

CITY _____ **STATE:** _____ **ZIP** _____

ROUTING NO. _____

CHECKING NO. _____ **SAVING NO.** _____

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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

I UNDERSTAND IF "NET AMOUNT DRAFTED ON DUE DATE" IS NOT ON THE BILL, I MUST PAY THE BILL FOR THAT MONTH.

CUSTOMER NAME: _____

CUSTOMER ACCT. NO: _____

CUSTOMER SIGNATURE: _____

DATED THIS _____ **DAY OF** _____, 20____

| | |
|---------------------------------|---------------------|
| John David | _____ 20 _____ |
| 123 Your street | |
| Anywhere, Udi. 123456 | |
| Pay in the some of _____ | \$ _____ |
| _____ | dollars |
| for _____ | _____ |
| :0829013781 | 000000000000 |
| ABA NO. | CHECKING NO. |