

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME Fayette County WCID-Monument Hill COMPANY ID NUMBER _____

I (We) hereby authorize Fayette County WCID-Monument Hill, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account or _____ Savings Account as indicated below at the depository financial institution named below, hereafter 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 NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT 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.

NAME(S) _____ ID NUMBER _____
(PLEASE PRINT)

DATE _____ SIGNED X _____ SIGNED X _____
