

Bullock Pen Account # _____

Grant County Sanitary Sewer Account # _____

DEBIT AUTHORIZATION

I (we) hereby authorize Bullock Pen Water District, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for our water bill. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Account ()Checking ()Savings

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)

(Signature)

(Print Individual Name)

(Date)

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM.