

**AUTHORIZATION FOR DIRECT PAYMENT via ACH
(ACH Debit)**

I (we) authorize CRESTON CITY WATER WORKS ("COMPANY") to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits for (select one):

- a single (one-time) entry
- recurring entries (that recur at substantially regular intervals without my affirmative action to initiate future entries)

as follows:

- Personal Checking Account / Personal Savings Account
- Business Checking Account / Business Savings Account (select one) at the following depository institution

("DEPOSITORY"):

Depository Name: _____

Routing Number _____ Account Number _____

Amount of debit(s) or method of determining amount of debit(s):

Debit amount per the monthly mailed billing notice

Date(s) including the start date and/or frequency of debit(s):

Start Date: _____ Frequency: **Monthly**

Actions(s) the Receiver must take to initiate a subsequent entry to a standing authorization:

Please provide a voided check, bank statement, or a signed Financial Institution official document that verifies the Financial Institution, ABA/routing number, account number, and account ownership.

SIGNATURE AND DATE SIGNED

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY by phone or in person that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 10 days prior notice in order to cancel this authorization.

I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Receiver's Printed Name _____

Signature* _____ Date: _____

** If signing on behalf of a business, you certify that you are authorized to act on behalf of the business.*