

Lake Egypt Water District

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CONSUMER NAME (S) _____

I (we) hereby authorize Lake Egypt Water District, hereinafter called COMPANY, to initiate debit entries to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NO. _____

ACCOUNT NO. _____

TYPE OF ACCOUNT CHECKING ACCOUNT ____ SAVINGS ACCOUNT ____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY 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. Funds will be withdrawn from the account approximately five days before the bill due date (which is currently the 15th of each month).

Please attach a voided check with this document.

Please indicate a maximum amount, if any, you want drafted each month _____.

List your account number or numbers you want drafted each month.

CONSUMER NAME (S) _____

(PLEASE PRINT)

DATE _____

SIGNED _____ SIGNED _____