

East Wenatchee Water District

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (DEBITS)

I (we) hereby authorize East Wenatchee Water District to initiate entries to my checking account at the financial institution listed below (THE FINANCIAL INSTITUTION) and, if necessary, initiate adjustments for any transactions made in error. This authority will remain in effect until the East Wenatchee Water District is notified by me (us) in writing to cancel it in such time as to afford The East Wenatchee Water District and The Financial Institution a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution-Branch, City, State, & Zip)

(Signature) (Date) _____

(Name-PLEASE PRINT)

(Service Address-PLEASE PRINT)

Amount may vary, depending on usage

Checking Account Number (Please attach a voided check)

Financial Institution Routing Number

Office Use: _____ Date _____