Account Number _____

ALL BANK DRAFT PAYMENTS WILL BE DEDUCTED FROM BANK ACCOUNTS ON THE 8TH OF EVERY MONTH

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME GLADEVILLE UTILITY DISTRICT

COMPANY ID NUMBER 620844251_____

I(We) hereby authorize Gladeville Utility District, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below, at the bank named below, hereinafter called Depository Financial Institution (DFI).

DFI_(Bank)_____

City_____ State_____ Zip_____

Routing Number (ABA)_____Account No._____

Account type: Check one. ( ) Checking   ( ) Savings

This authorization is to remain in full force and effect until COMPANY has received notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DFI a reasonable opportunity to act on it.

Name(s)_____

Signed_____ Date_____

Note: All written credit authorizations should provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

PLEASE SIGN AND RETURN WITH A "VOIDED" CHECK

Gladeville Utility District prohibits discrimination on the basis of race, color, national origin, gender, religion, age, or disability. Gladeville Utility District is an equal opportunity provider and employer.