

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH DEBITS)

COMPANY NAME: EASTSIDE UTILITY

I (we) hereby authorize Eastside Utility herein called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our):

CHECKING SAVINGS

account indicated below and the depository named below, herein called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY BANK: _____
(Bank Name)

ROUTING NUMBER: _____ ACCT NUMBER: _____

This authorization is to remain in full force and effect until the COMPANY 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 BANK a reasonable opportunity to act on it.

NAME(S): _____
(SEPARATE MULTIPLE NAMES WITH COMMAS)

DATE: / / SIGNED: _____ SIGNED: _____
 MM DD Year

SERVICE LOCATION: _____

PHONE NUMBER: () - EASTSIDE ACCT #: _____

Please staple to this form a voided check to verify bank account information for deposits into a Checking Account. If e-mailing this form please scan a copy of your check and send with this form.

		2048	
		DATE	_____
Pay to	VOID	\$	<input type="text"/>
the order of _____			Dollars
<p>The customer is responsible for notifying Eastside Utility District before the due date on the bill if there is a discrepancy or if you have changed banks. If your automatic bank draft is returned for insufficient funds, account closed, etc. there will be a \$30.00 processing fee charge.</p>			
<input checked="" type="checkbox"/>	084000026	<input checked="" type="checkbox"/>	2048 00-09050398 <input checked="" type="checkbox"/>

ROUTING NUMBER

ACCOUNT NUMBER