

# 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.

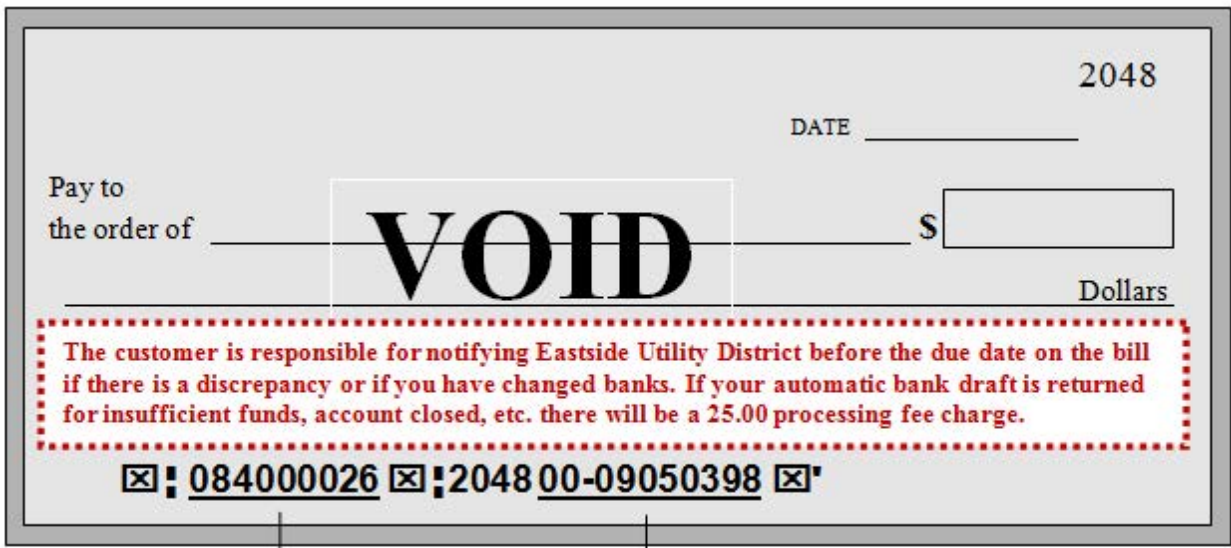
NAME(S): \_\_\_\_\_  
(SEPARATE MULTIPLE NAMES WITH COMMAS)

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 or a deposit slip for deposits into a Savings Account. If e-mailing this form please scan a copy of your check and send with this form.



ROUTING NUMBER

ACCOUNT NUMBER