

**AUTHORIZATION AGREEMENT FOR
PREAUTHORIZED PAYMENTS**

Company Name Grange-Calamine Water Association

Company ID No. 71 0654544

I (We) hereby authorize Grange-Calamine Water Association, hereinafter called COMPANY, to initiate debit entries to my (our) [] Checking [] Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA No. _____ Account No. _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have 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.

Name(s) _____

Signature(s) _____

Date _____

**** A **voided check** must be included with this form to set up auto-draft.

Office Use

Date of Account ACH update _____

Completed By: _____