AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: Peaks Mill Water District

I (we) hereby authorize PMWD, hereinafter called COMPANY, to initiate debits entries to my (our)			
\square Checking or \square Savings account <u>(select one)</u> indicated below and the bank/financial institution named			
below, hereinafter called BANK, to debit the same to such account.			
BANK	BANK ADDRESS		
CITY	STATE		_ ZIP
ROUTING/TRANSIT #		ACCOUNT#	
This authority is to remain in full force and effect until COMPANY and BANK 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 BANK a reasonable opportunity to act on it.			
NAME(S)	PMWD ACCOUNT #		
DATE	SIGNATURE		
ENTERED BY	_ DATE	EFFECTIVE D)ATE

 $\frac{\text{Please submit form with a voided check to}}{7165 \text{ US } 127 \text{ N}}$ Frankfort, KY 40601

Your monthly ACH payment will be made on or about the 10th of each month, unless the 10th falls on a weekend or a holiday. Your bill will have the statement, "Drafts on or about the 10th at the bottom left". If you have any questions, give us a call at (502) 227-9740.