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) []Checking[]Savings account (select one) indicated below and the bank/financial institution named below, hereinafter called BANK, to debit the same to such account.		
BANK	ADDRESS	
CITY	STATE	_ ZIP
ROUTING/TRANSIT NO	ACCOUNT NO.	
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 NO	
DATE	SIGNATURE	