

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 or Savings account (select one) indicated below and the bank/financial institution named
below, hereinafter called **BANK**, to debit the same to such account.

BANK NAME _____ BANK ADDRESS _____

CITY _____ STATE _____ ZIP _____

ROUTING/TRANSIT # _____ BANK 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 DATE _____

***Please submit form with a voided check to** -- Peaks Mill Water District

7165 US 127 N

Frankfort, KY 40601

pmwd2011@att.net

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) 227-5740.