

**ALL BANK DRAFT PAYMENTS WILL BE
DEDUCTED FROM BANK ACCOUNTS ON THE 8TH
OF EVERY MONTH**

contracts@gladevilleutility.com

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY	NAME	GLADEVILLE	UTILITY	DISTRICT
COMPANY	ID	NUMBER	620844251	

I(We) hereby authorize Gladeville Utility District, hereinafter called **COMPANY**, to initiate debit entries to my (our) account indicated below, at the bank named below, hereinafter called **Depository Financial Institution (DFI)**.

This authorization is to remain in full force and effect until the COMPANY has received notification from me (or either of us) of its termination in such time and in such a manner as to afford COMPANY and DFI a reasonable opportunity to act on it. By signing this document, I certify all information provided is correct and cannot hold Gladeville Utility district liable for any charges that may incur from such error.

Bank Name (DFI) _____

Routing Number (ABA) _____ **Account No.** _____

Name: _____

Utility Service Address: _____

Customer Phone # _____ **Email** _____

Signed _____ **Date** _____

IF AVAILABLE PLEASE ATTACH A VOIDED CHECK

Note: All written credit authorizations should provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.