

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CUSTOMER NAME (S) _____
(Please Print)

ECWD ACCOUNT# _____

I (we) hereby authorize **EAST COLUMBIA WATER DISTRICT**, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit the 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 **EAST COLUMBIA WATER DISTRICT** and **DEPOSITORY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **EAST COLUMBIA WATER DISTRICT** and **DEPOSITORY** a reasonable opportunity to act on it.

SIGNATURE: _____

DATE _____

SIGNATURE: _____

DATE _____

Please include a VOIDED Check

This institution is an equal opportunity provider. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender. "Handicap accessibility"