

AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS

(Auto Draft Utility Payments)

Name:	Utility Acct Number:
Service Address:	
checking/savings	hereinafter called <i>COMPANY</i> , to initiate debit entries to my account (select one) indicated below and the called <i>DEPOSITORY</i> , to debit the same to such account. 10 th of each month.
DEPOSITORY:	
Bank:	Branch:
City: State: _	Zip:
Transit/ABA #:	Account #
This authority is to remain in full force and effect until <i>COMPANY</i> has received written notification from me of its termination at such time and in such manner as to afford <i>COMPANY</i> , a reasonable opportunity to act on it.	
Name(s):	Account Number:
Signature:	Date:
* * * * * * * * * * * * * *	CHECK IF A CHECKING ACCOUNT IS SELECTED. * * * * * * * * * * * * * * * * * * *
Date Received:	Processed by: