

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: Elkhorn Water District

I (we) hereby authorize EWD, hereinafter called **COMPANY**, to initiate debit 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 NAME: _____ BANK ADDRESS: _____

CITY _____ STATE _____ ZIP _____

ROUTING/TRANSIT # _____ BANK ACCT # _____

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) _____ EWD ACCOUNT NO. _____

DATE _____ SIGNATURE _____

ENTERED BY _____ DATE _____ EFFECTIVE DATE _____

PLEASE SUBMIT FORM WITH A VOIDED CHECK TO: PO BOX 67, FRANKFORT, KY 40602

Your monthly ACH payment will be made on or about the 15th of each month, unless the 15th falls on a weekend or holiday. You will still receive a bill in the mail with usage and amount due. Any ACH returned for non-payment will incur a charge of \$25. If you have any questions, feel free to call our office at (502) 695-4431.