

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY

NAME _____ Holiday Shores Sanitary District _____

I (we) hereby authorize Holiday Shores Sanitary District, hereinafter called **COMPANY**, to initiate debit entries to my (our) _____ Checking _____ Savings account (select one) indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit same to such account beginning on _____ and continuing on the **25th** of each month thereafter. I understand that the amount of these debits may vary from month to month but that I will receive notice of the amount due each month at least 10 days prior to the due date.

DEPOSITORY

NAME _____

CITY _____ **STATE** _____ **ZIP** _____

TRANSIT/ROUTING NO _____ **ACCOUNT NO** _____

This authority is to remain in full force and effect until **Company** and **Depository** 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 **Depository** a reasonable opportunity to act on it.

NAME (S) _____ **ACCT ID NO** _____

DATE _____ **SIGNED** _____

ATTACH VOIDED CHECK HERE