

HARVEST-MONROVIA WATER AUTHORITY, INC.
P.O. BOX 329 9131 WALL TRIANA HWY
HARVEST, AL 35749
(256) 837-1132

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS
(ACH DEBITS)

I (WE) do hereby authorize the above named company, hereinafter referred to as the Originator, to initiate debit entries to the account indicated below, and to initiate corrective reversal entries (credits) to the account indicated below in the event any debit entries are originated in error.

NAME OF DEPOSITORY
FINANCIAL INSTITUTION: _____

LOCATION OF DEPOSITORY FINANCIAL INSTITUTION:

CITY _____ STATE _____ ZIP _____

BANK TRANSIT/ABA NUMBER _____ (NINE DIGITS)

BANK ACCOUNT NUMBER _____

This authority is to remain in effect until the Originator has received my/our written notification of its termination in such time and in such manner as to afford the Originator a reasonable opportunity to act upon it.

PLEASE PRINT

NAME (S) _____

ADDRESS _____

PHONE _____ CUSTOMER NUMBER _____

DATE _____ SIGNED _____

DATE _____ SIGNED _____

AFFIX VOIDED OR CANCELLED CHECK