AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

I (we) authorize RIVERBEND UTILIT initiate debit entries and to initiate, if ne debit entries in error to my (our) () CH below and the DEPOSITORY named beland/or credit the same to such account.	cessary, credit entries ECKING or () SAV	and adjustment for any TNGS account indicated
CUSTOMER NAME:		
RIVERBEND ACCT. #:		
DEPOSITORY/BANK NAME:		
CITY:	STATE:	ZIP:
ROUTING/ABA NO.:		
ACCOUNT NO.:		
DATE OF BANK DRAFT: Will fall between the 9th & the 11th of each month.		
This authorization is to remain in force an notification from me (or either of us) of it to afford the COMPANY and DEPOSITO.	s termination in such t	time and in such manner
NAME(S) (PLEASE PRINT):		
DATE:	ID NO.(SSN):	
SIGNATURE:		

Please attach a voided check below