MONTHLY DEBIT AUTHORIZATION

 I (we) hereby authorize **SUMMERTOWN UTILITY DISTRICT**, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____

Financial Institution

_____   _____

Routing Number   Account Number

Frequency: **Monthly**   Amount of debit: **Balance due on bill**   Date of Debit: **10th of every month**

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will apply to your account on the *next banking day* and will not debit from your account prior to the authorized date.

This authority is to remain in full force and effect until Company has received verbal or written notification from me (or either of us) to terminate in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

_____   _____

Print or Type Individual Name   Property Service Address

_____

Signature

_____

Date

TAPE VOIDED CHECK HERE