

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Company Name EBARB WATERWORKS DISTRICT

Company ID Number 72-0960585

I hereby authorize EBARB WATERWORKS DISTRICT, hereinafter called COMPANY, to initiate debit entries to my Checking Account / Savings Account indicated below at the depository financial institution named below and to debit the same to such account, I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Bank \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer Name \_\_\_\_\_ Water Account Number (if known) \_\_\_\_\_

Date \_\_\_\_\_ Customer Signature \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. ATTACH A VOIDED CHECK BELOW.

**MAIL TO: EBARB WATERWORKS DISTRICT PO BOX 1366 ZWOLLE LA 71486 OR EMAIL TO:**  
**[EWD1@BELLSOUTH.NET](mailto:EWD1@BELLSOUTH.NET)**

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