

Route/Account _____

**Authorization Agreement for Direct Payments
(ACH debits/credits)**

I (We) hereby authorize **Elk River Public Utility District** hereinafter called company, to initiate debit/credit entries to my (our) _____ **Account**

indicated at the depository financial institution named below, hereafter called depository, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Routing Number _____ **Account Number** _____

This authorization is to remain in full force and effect until company has 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) _____ **Customer #** _____

Service Address _____

Cell Number: _____ **Home Number:** _____

Email Address: _____

Would you like to receive your monthly statement by email?

Signature _____ **Date** _____

Verified By: _____