

**BLACK HAWK WATER USER DISTRICT
AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL**

I hereby authorize Black Hawk Water User District to initiate debit and, if necessary, credit entries to my account indicated below for my Black Hawk Water User District bill. I understand that the amount deducted will be my balance due indicated on the current bill. The withdrawal will take place on the 20th of each month or the next business day if the 20th falls on a holiday or weekend. I acknowledge that this authorization is to remain in effect until Black Hawk Water User District has received written or verbal notification of its termination.

THERE WILL BE A SERVICE CHARGE OF \$15.00 IF FUNDS ARE NOT AVAILABLE

PLEASE PRINT CLEARLY

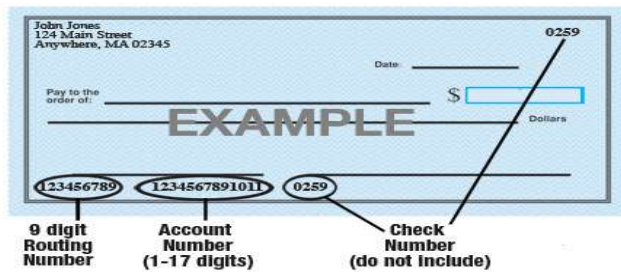
Name: _____

Address: _____

Phone: _____

Black Hawk Water Account #: _____

Attach a voided check to form



Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Type of Account: Checking Savings (check one)

Attach a voided check to form

Date _____

Signature _____

Please mail completed form to:

Black Hawk Water User District
PO Box 476
Black Hawk, SD, 57718