

# Credit/Debit Authorization Form

I (we) hereby authorize Steamboat Mountain Water Supply Corporation to initiate entries to my checking/savings accounts at the financial institution listed below. (THE FINANCIAL INSTITUTION) and Steamboat Mountain WSC, if necessary, may initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Steamboat Mountain WSC is notified by me (us) in writing to cancel it in such time as to afford Steamboat Mountain WSC and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PLEASE PRINT:

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(Name) (Water Bill Acct #)

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(Address)

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(Name of Financial Institution)

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(Address of Financial institution – Branch, City, State & Zip)

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(Routing # - Look between these symbols 1: 1: on the bottom left of your check)

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(Financial Institution Account #) (Checking or Savings)

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(Maximum Draft Amount)

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(Signature) (Date)

**(ATTACH VOID CHECK TO FORM)**