

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

**COMPANY**

**NAME** \_\_\_\_\_ Holiday Shores Sanitary District \_\_\_\_\_

I (we) hereby authorize Holiday Shores Sanitary District, hereinafter called **COMPANY**, to initiate debit entries to my (our) \_\_\_\_\_ Checking \_\_\_\_\_ Savings account (select one) indicated below and the Bank/Credit Union named below, hereinafter called **DEPOSITORY**, to debit same to such account beginning on \_\_\_\_\_ and continuing on the **25<sup>th</sup>** of each month thereafter. I understand that the amount of these debits may vary from month to month but that I will receive notice of the amount due each month at least 10 days prior to the due date.

**DEPOSITORY**

**BANK NAME** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TRANSIT/ROUTING NO** \_\_\_\_\_ **ACCOUNT NO** \_\_\_\_\_

This authority is to remain in full force and effect until **Company** and **Depository** have received *written* notification from me (or either of us) of its termination at least **two days prior to the Billing Date, which is the last business day of each month**, as to afford **Company** and **Depository** a reasonable opportunity to act on it.

**NAME (S)** \_\_\_\_\_

**SERVICE ADDRESS** \_\_\_\_\_

**ACCT NO** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**DATE** \_\_\_\_\_ **SIGNED** \_\_\_\_\_

**ATTACH VOIDED CHECK HERE**