DEBIT AUTHORIZATION

I (we) hereby authorize Old Gainesboro Road Utility District, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____   Branch _____

Financial Institution

_____

Address

_____

City/State/Zip

_____   Account Number _____

Routing Number

Type of Account _____ Checking _____ Savings

Amount (Water Usage): Gallon Usage

Frequency: Monthly   Start Date (if recurring): _____

Date of Debit (s): _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

This authority is to remain in full force and effect until Old Gainesboro Road Utility District has [received written notification from me (or either of us) or describe your process for revocation of the authorization] of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

_____

Print or Type Individual Name

_____

Signature

_____

Date

Please Attach Copy of Voided Check to This Form