## AUTHORIZATION AGREEMENT AUTOMATIC PAYMENTS (ACH DEBITS)

I,	, hereby authorize Centerton Water & Sewer	
Department, hereinafter called COMPAN necessary, credit entries and adjustments		
indicated below and the financial instituti	2	2 ( )
FINANCIAL INSTITUTION, to credit an	nd/or debit the same to such	account.
(Financial Institution Name)	(Branch)	
(Banking Address)	(City/State)	(Zip)
(Routing Number)	(Account Number)	
(Routing (Varioter)	(recount rumoor)	
Type of Account:Checking	Savings	
This authority is to remain in full force and e		
notification from me (or either of us) of its te COMPANY and FINANCIAL INSTITUTIO		
	opportunity to	
(Print Individual Name)	_	
(CWSD Acet. #)	_	
(Signature)	(Date)	
(8.8)	(2)	
*******Attach voided check here ****	*****	
Do not use a deposit slip		