

AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

I(We) authorize **RIVERBEND UTILITIES, INC.**, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustment for any debit entries in error to my (our) checking or savings account indicated below and the DEPOSITORY named below hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

CUSTOMER NAME: _____

RIVERBEND ACCT. #: _____

DEPOSITORY/BANK NAME: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING/ABA NO.: _____

ACCOUNT NO.: _____

Mark if account is CHECKING _____ or SAVINGS _____

DATE OF BANK DRAFT: Will fall between the 9th & the 11th of each month-depending on bank holidays and weekends.

This authorization is to remain in force and effect until the COMPANY has received **written notification** from me(us) of its termination in such a time and in such a manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it. The request to cancel must be RECEIVED no later than the 25th of the month. **ACH Cancellations will not be processed between the 26th of the month and the 11th of the following month.**

NAME(S) (PLEASE PRINT): _____

DATE: _____ ID NO.(SSN): _____

SIGNATURE: _____

Please attach a voided check or a printout from the bank showing both the routing and account number. ACH authorization forms will not be accepted without the required information.