

**AUTHORIZATION AGREEMENT  
FOR AUTOMATIC DRAFT PAYMENTS**

I (We) hereby authorize LEEDS WATER WORKS to initiate debit entries to my (our):

(    ) Checking                      (    ) Savings      (select one)

account indicated below and the depository financial institution named below.

\_\_\_\_\_  
Financial Institution Name      City                                      State      Zip Code

\_\_\_\_\_  
Routing Number                                      Account Number

*PLEASE ATTACH A VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP*

This authority is to remain in full force and effect until Leeds Water Works receives written notification from me (or either one of us) to terminate the draft process.

\_\_\_\_\_  
Name(s) on Account (Please Print)      Customer ID Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature                                      Signature

\_\_\_\_\_  
Date