Debit Authorization

I (we) authorize the City of Lake Tapawingo hereinafter called Lake Tapawingo, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUION, to debit the same to such account for Water/Sewer/Trash utility bill. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

(Financial Institution) (Branch)

(Lake Tapawingo Address)

_____ Type of Acct: ____Checking ____ Savings

(Routing Number) (Account Number)

This authority is to remain in full force and effect until Lake Tapawingo has received written notification from me (or either of us) of its termination in such time and manner as to afford Lake Tapawingo and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ _____

(Print Individual Name) (Signature)

_____ _____

(Print Individual ID Number (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!