

## ***Credit/Debit Authorization Form***

***I (we) hereby authorize, NORTH RUNNELS WATER SUPPLY CORPORATION, to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.***

***PLEASE PRINT:***

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Customer Account #*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Name of Financial Institution*

\_\_\_\_\_  
*Address of Financial Institution*

\_\_\_\_\_  
*Routing #*

\_\_\_\_\_  
*Account #*

*Circle Account Type:      Checking                  or                  Savings*

\_\_\_\_\_  
*Set Amount*

\_\_\_\_\_  
*Maximum Amount*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*