

## Debit Authorization Form

I (we) hereby authorize **Bethany Special Utility District** to initiate entries to my checking account at the Financial Institution listed below, if necessary initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Bethany Special Utility District is notified by me (us) in writing to cancel it in such time as to afford Bethany Special Utility District and the Financial Institution a reasonable opportunity to act on it.

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Name

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Address

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Phone #

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Name of Financial Institution

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Address of Financial Institution - Branch City, State & Zip

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Financial Institution Routing Number

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Account Number

**WILL BE DRAFTED ON THE 10TH OF EACH MONTH**

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Signature

Date

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Bethany Account Number

**PLEASE ATTACH A VOIDED CHECK**

Office use only

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Date & Initials Added to Tabs

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Date & Initials Added to ACH