

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.

Name

Address

Phone #

Name of Financial Institution

Address of Financial Institution - Branch City, State & Zip

Financial Institution Routing Number

Account Number

TO BE DRAFTED = BILL TOTAL EACH MONTH

WILL BE DRAFTED ON THE 10TH OF EACH MONTH

Signature

Date

Bethany Account Number

PLEASE ATTACH A VOIDED CHECK