



**BROOKVILLE WATER WORKS  
1020 FRANKLIN AVENUE  
BROOKVILLE, INDIANA 47012  
765-647-5681**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Company Name Brookville Water Works

I (we) hereby authorize Brookville Water Works, hereafter called COMPANY, to initiate debit entries to my (our) [ ] checking account/ [ ] savings account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such amount. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) within 10 days of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Depository Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Date of Debit 1<sup>st</sup> of Month Amount of Debit Amount Due

**NOTE: WRITTEN DEBIT AUTHORIZATION PROVIDES THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION ABOVE**

Name(s) \_\_\_\_\_ ID Number \_\_\_\_\_

(Please print)

Date \_\_\_\_\_ Signature \_\_\_\_\_