

AUTHORIAZTION AGREEMENT FOR  
PRE-AUTHORIZEDPAYMENTS

Vendor Name            **Eldridge Electric and Water Utility**            FIN    **426004628**

I (we) authorize **Eldridge Electric and Water Utility**, hereinafter called the **Utility**, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called the **Depository**, to debit the same to such account.

You will receive notice of the bill amount on the 1<sup>st</sup> of the month. Your payment will be deducted from your account on the 18<sup>th</sup> of the month.

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

Transit/ABA Number \_\_\_\_\_ Checking / Savings

Account Number \_\_\_\_\_

**Please attach a voided check to this form**

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

Print Name (1) \_\_\_\_\_ SSN# \_\_\_\_\_

Signature (1) \_\_\_\_\_ Date \_\_\_\_\_

Print Name (2) \_\_\_\_\_ SSN# \_\_\_\_\_

Signature (2) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_ EBilling

ACCOUNT NUMBER \_\_\_\_\_

STARTING MONTH \_\_\_\_\_

DATE ENTERED \_\_\_\_\_

ENTERED BY \_\_\_\_\_  
DOCS/JODY/DIRECT DEBIT