

AUTHORIZATION AGREEMENTS FOR  
PRE-AUTHORIZED PAYMENTS

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.

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

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

Transit/ABA Number \_\_\_\_\_ Checking / Savings  
**CIRCLE ONE**

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 \_\_\_\_\_

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

Please return this form before the **18th of the month**  
to begin deduction the **following month**.

You will receive notice of the bill amount on the 1<sup>st</sup> of the month.  
The amount of the bill will be deducted on the 18<sup>th</sup> of the month.

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

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