

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize **JESSAMINE COUNTY WATER DISTRICT NO. 1**, hereinafter called COMPANY, to initiate DEBIT entries to my (our) checking or savings account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my account must comply with U.S. law.

(Print name of your Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

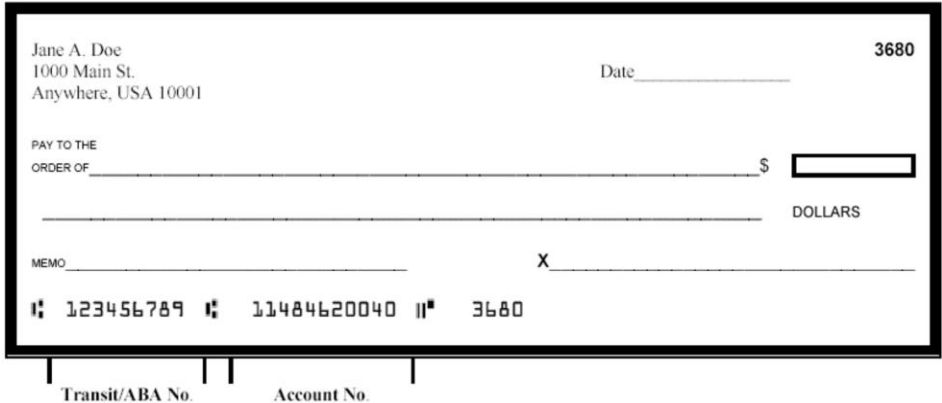
(Routing/Transit/ABA Number) (Account Number) Type of Acct: ___Checking ___Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Customer Name) (Signature of Customer)

(Print Customer Account Number) (Date)

Please attach a **voided check** for checking accounts **OR** a **savings deposit slip** for savings accounts!



Send completed forms and voided check or savings deposit slip to:

info@jcwd1.org

(or)

Jessamine County Water District No. 1
2225 Lexington Rd
Nicholasville, KY 40356