

DIRECT CHARGE (ACH DEBITS) AUTHORIZATION FORM

I (we) hereby authorize the City of Huron, hereinafter called COMPANY, and the depository financial institution named below, hereinafter called DEPOSITORY, to initiate electronic debit entries, and if necessary, credit entries to my account listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Address)

(City, State, Zip Code)

(Routing Number)

(Account Number)

27 Checking Account 37 Savings Account

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 DEPOSITORY a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Water Account Number)

(Date)

(Service Address)

****Please attach a copy of your voided check****