

**BARTOW COUNTY WATER DEPARTMENT
ACH DRAFTS
AUTHORIZATION AGREEMENT**

I hereby authorize the Bartow County Water Department to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my checking account indicated below and authorize the financial institution named below to debit or credit the same to such account.

FINANCIAL INSTITUTION NAME

CITY

STATE

ROUTING / ABA NUMBER

ACCOUNT NUMBER

This authority is to remain in full force and effect unless revoked by me in writing with at least fifteen (15) days notice to the Bartow County Water Department, to allow the Department sufficient time to act on the termination.

NAME

BARTOW COUNTY WATER ACCOUNT NO.

SIGNATURE

DATE

Please attach a void Check (Not a deposit slip)