

ELLIS WATER COMPANY

3030 N. STATE ROAD 59

LINTON, IN 47441

[admin@elliswater.org](mailto:admin@elliswater.org)

**AUTHORIZATION AGREEMENT**

**DIRECT PAYMENTS (ACH DEBITS)**

I (WE) HEREBY AUTHORIZE ELLIS WATER CO., INC., THROUGH ITS MANAGING AGENT (NORTHWEST BANK), TO INITIATE DEBIT ENTRIES TO MY (OUR) CHECKING/SAVINGS ACCOUNT INDICATED BELOW AND THE BANK NAMES BELOW, TO DEBIT THE SAME TO SUCH ACCOUNT. YOUR ACCOUNT WILL BE DEBITED ON THE 16<sup>TH</sup> OF EACH MONTH. IF THE 16<sup>TH</sup> FALLS ON A WEEKEND OR HOLIDAY IT WILL BE WITHDRAWN ON THE NEXT BUSINESS DAY.

**BANK**

NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCT.# \_\_\_\_\_

TYPE OF ACCT.: CHECKING: \_\_\_\_\_ SAVINGS: \_\_\_\_\_

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE ASSOCIATION HAS RECEIVED NOTIFICATION FROM THE ACCOUNT HOLDER OF TERMINATION IN SUCH A MANNER TO GIVE ELLIS WATER AND NORTHWEST BANK A REASONABLE TIME TO ACT ON IT.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

**COPY OF LICENSE AND OR STATE I.D. REQUIRED.**