AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: LAKEHAVEN UTILITY DISTRICT

COMPANY ID NUMBER: 91-0874464

I/we hereby authorize *LAKEHAVEN UTILITY DISTRICT,* hereinafter called *COMPANY,* to initiate debits to my/our checking account indicated below and the depository named below, hereinafter called *DEPOSITORY,* to debit the same to such account

1. BANK NAME: _____ 2. BRANCH: _____

3. CITY: _____ STATE: _____ ZIP: _____

4. | | | | | | | | | |
TRANSIT/ABA NO.

5. | | | | | | | | | | | | | | | | | |
ACCOUNT NO.

The authority is to remain in full force and effect until *COMPANY* and *DEPOSITORY* have received written notification from me (or either of us) of its termination in such time and in such manner as to afford *COMPANY* and *DEPOSITORY* a reasonable opportunity to act on it.

6. NAME(S) _____ SOCIAL SECURITY NUMBER:. _____

fPlease-Print

_____ _____

(Please Print)

DATE: _____ SIGNED: _____ SIGNED: _____

DAY TELEPHONE NUMBER: _____

SERVICE ADDRESS: _____

BEGINNING BILLING DATE: _____ CLOSING DATE: _____

Your account will be canceled upon notification from the bank for nonsufficient funds or closed account and a $21.00 service charge will be added to your account.

LAKEHAVEN CUSTOMER ACCOUNT NO: _____

BANK VERIFICATION OF TRANSIT/ABA NO. AND ACCOUNT NO. FOR ACH WITHDRAWAL.

DATE: _____ _____

AUTHORIZED SIGNATURE

Written notification must be received in our office 30 days prior to changes on your account. Bills scheduled within that 30 day period will be deducted from your current account.

Instructions for completing this form:

1. Bank Name: Bank's name as it appears on your checking account.
2. Branch: The name of your bank and branch.
3. City, State and Zip: of your branch.
4. Transit/ABA Number: This maybe obtained from your check (bottom left) or from your bank.
5. Account Number: This is Your bank account number.
6. Name: Your name/names as they appear on your checking account.