

AUTHORIZATION FOR DIRECT PAYMENT (ACH DEBITS)

I (we) hereby authorize Green Mountain Water & Sanitation District to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____
Branch _____
Routing Number _____
Checking/Savings Account Number _____

This authorization is to remain in full force and effect until the District has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the District and Financial Institution a reasonable opportunity to act on it.

Printed Name _____
Green Mountain Water Account Number _____
Signature _____
Date _____

Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.