

Draft Authorization Form

I hereby authorize Handy Sanitary District, hereinafter called the COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entry in error to my (our) account indicated below and the Financial Institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it. **Drafts must be received by the 15th of the month prior to the draft start date. Any drafts received after the 15th may not be effective the following billing cycle. Please note: draft payments will process the banking day prior to the draft effective date of the 15th of the month.**

Customer(s) Name: _____

Customer(s) Address: _____

Customer(s) Handy Sanitary District Account # _____

Important: Please check one of the following

Checking

Savings

Bank Acct # to be drafted: _____ Bank Name: _____

Bank Routing #: _____ Bank Address: _____

Customer's Signature

Date _____

Attach Voided Check Here.

[illegible]