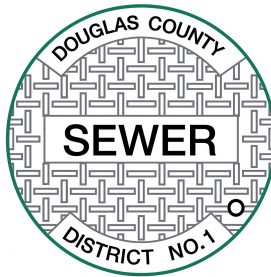


Received Date: _____



Section No: _____

Account No: _____

Douglas County Sewer District #1

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize Douglas County Sewer District #1 to initiate entries to my (our) checking account at the financial institution listed below and, if necessary, initiate adjustments for any transactions made in error by the district. This authority will remain in effect until the Douglas County Sewer District #1 is notified by me (us) in writing to cancel it in such time as to afford the Douglas County Sewer District #1 and the financial institution a reasonable opportunity to act on it. Auto pay will pull on the last day of the month or next business day.

(Name-PLEASE PRINT)

(Phone Number)

(Service Address-PLEASE PRINT)

(Email Address)

(SIGNATURE)

(DATE)

Deduct amount shown on bill

PLEASE ATTACH A VOIDED CHECK

Or

An ACH form from your bank

(REQUIRED)

OFFICE USE ONLY

Input Date: _____ Billing Cycle: _____ Keyed by: _____

ACH Export Date: _____ Date Removed: _____ Initials: _____