Debit Authorization

I (we) hereby authorize City of Sparta, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for _____. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

_____

(Financial Institution Name) (Branch)

_____

(Address) (City/State) (Zip)

_____ _____ Type of Acct:____Checking _____Savings

(Routing Number) (Account Number)

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

_____ _____

(Print Individual Name) (Signature)

_____ _____

(WATER BILL ACCOUNT NUMBER) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM