

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize **CMU (Cascade Municipal Utilities)**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below at the bank named below, hereinafter called BANK.

BANK NAME _____

CITY _____ STATE _____ ZIP _____

Checking or Savings Account _____

ROUTING NUMBER _____ BANK ACCOUNT NUMBER _____

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

Name(s) _____
(Please print)

Date: _____ Signed: _____

Date: _____ Signed: _____

For Office Use Only:

Account Number: _____

Date to Start ACH: _____