

**AUTHORIZATION AGREEMENT
FOR PREAUTHORIZED DEBITS BY
CONSOLIDATED KOSHKONONG SANITARY DISTRICT**

COMPANY NAME **Consolidated Koshkonong Sanitary District**

I (we) hereby authorize Consolidated Koshkonong Sanitary District, hereinafter called COMPANY, to initiate debit entries to my (our) () Checking () Savings account (select one) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, 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.

DEPOSITORY
NAME _____ BRANCH _____
CITY _____ STATE _____ ZIP _____
TRANSIT/ABA NO. _____ BANK ACCT. NO. _____

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 in such manner as to afford COMPANY and DEPOSITORY a responsible opportunity to act on it.

NAME(S) _____

BILLING ACCT. NO. _____ DATE _____

SIGNED _____

PLEASE INCLUDE A COPY OF YOUR CHECK ALONG WITH THIS FORM!! NOT A DEPOSIT SLIP, SINCE THIS MAY SHOW A DIFFERENT ROUTING NUMBER!! ANY QUESTIONS, PLEASE CALL LYNNE LUND AT (608)868-7191 OR (608)884-6447.