

LAKE SARA AREA WATER COOPERATIVE, INC.
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I(we) hereby authorize LAKE SARA AREA WATER COOPERATIVE, INC., to initiate debit entries to my(our) **Checking Account**/ **Savings account** (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and 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 _____

Routing Account
Number _____ Number _____

This authorization 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 reasonable opportunity to act on it.

Name(s) _____ Certificate Number _____
(Please Print)

Date _____ Signature _____

Service ID _____ Service Address _____

PLEASE SIGN AND RETURN WITH A VOIDED CHECK. THE BANK DRAFT AMOUNT IS TAKEN OUT ON THE 15TH OF EACH MONTH.