

OVERTON POWER DISTRICT #5
AUTHORIZATION FOR DIRECT PAYMENT

I hereby authorize Overton Power District #5 to initiate debits from my checking or savings account named below. I understand that I am responsible to notify Overton Power District #5 of any changes to my checking or savings account.

MY NAME _____
(Please Print)

OVERTON POWER ACCOUNT NO.: _____

TODAY'S DATE: _____ SIGNATURE: _____

This authorization is to remain in full force and in effect until Overton Power District #5 has received written notification from me to terminate this agreement. Overton Power District #5 and my bank shall have a reasonable opportunity to act on the request to terminate.

BANK _____ BRANCH _____
CITY _____ STATE _____
ROUTING # _____ ACCOUNT # _____

CHECKING _____ SAVINGS _____ (Please provide deposit slip.)

A \$25.00 processing fee will be assessed if there are insufficient funds in your bank account.

PLEASE PROVIDE A PERSONALIZED PRE-PRINTED, VOIDED CHECK TO ENSURE PROPER ROUTING. (COUNTER CHECKS CANNOT BE ACCEPTED!)

NOTES and COMMENTS: _____

(Affix VOIDED check or deposit slip here.)

(Official Use Only)

Draft # _____	<u>Changes to Draft</u> _____	<u>Changes to Draft</u> _____
Book# _____	_____	_____
Processed by _____ Date _____	Processed by _____ Date _____	Processed by _____ Date _____
Verified by _____ Date _____	Verified by _____ Date _____	Verified by _____ Date _____