Email: cityofedmontonky.com

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH DEBITS)

COMPANY NAME: CITY OF EDMONTON WATER, SEWER AND GAS

| I hereby authorize the City Of Edmonton, hereafter called "city" to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to my (our): (Checking) (Savings) Account indicated below and the financial institute named below, hereinafter called "Depository", to credit and/or debit the same to such account. | |
|---|--------------------------|
| FINANCIAL INSTITUTION: | BRANCH: |
| CITY: STATE | zip: |
| TRANSIT/ABA NO:(9 positions) | ACCOUNT NO:(7 positions) |
| This authority is to remain in full force and effect until the city has received written notification form me (or either of us) of its termination in such time and in such manner as to afford the city and the financial institution named above a reasonable opportunity to act on it. | |
| NAME: | _ UTILITY ACCT # |
| DATE: SIGNED | |
| TELEPHONE #: SIGNED |); |
| PLEASE ATTACH A COPY OF A VOIDED/CANCELLED CHECK | |
| CANCELLATION NOTICE | |
| I wish to cancel my automatic withdrawal as of | |
| Signature | Date |