



Bank Draft Authorization Form

NAME _____

ASWSC Account # _____

Bank Name _____

Circle One: Checking____ Savings

Bank Account # _____

Routing # _____

I authorize Ables Springs SUD, hereinafter called DISTRICT, to initiate debit entries to my checking or savings account indicated below at the depository named above, hereinafter called DEPOSITORY, to debit the same to such account. This authorization will remain in full force and effect until DISTRICT has received written notification from me of its termination in such time and in such manner as to afford DISTRICT and DEPOSITORY a reasonable opportunity to act on it.

Signature

Date

Please return completed form along with a voided check to the office.