



PO Box 578 • Elkton, Kentucky 42220
Ph. 270.265.9877
www.elktonky.com

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

ELKTON UTILITIES
FEDERAL ID# 61-6001816

I (we) hereby authorize Elkton Utilities (Fed. Id#61-6001816) to initiate debit entries to my (our)

Select One: Checking Account Savings Account

indicated below and the depository (bank) named below to debit same to such account.

Depository (Bank) Name: _____

Branch (if applicable): _____

City: _____ State: _____ Zip Code: _____

Transit/ABA (Routing) Number: _____

Account Number: _____

This authority is to remain in full force and effect until Elkton Utilities or Depository named above has received written notice from me (or either of us) of its termination in such time and in such manner to afford Elkton Utilities or Depository named above a reasonable opportunity to act on it.

Name(s) on Account: _____

Elkton Utilities Account No.: _____

Printed Name

Signature

Date