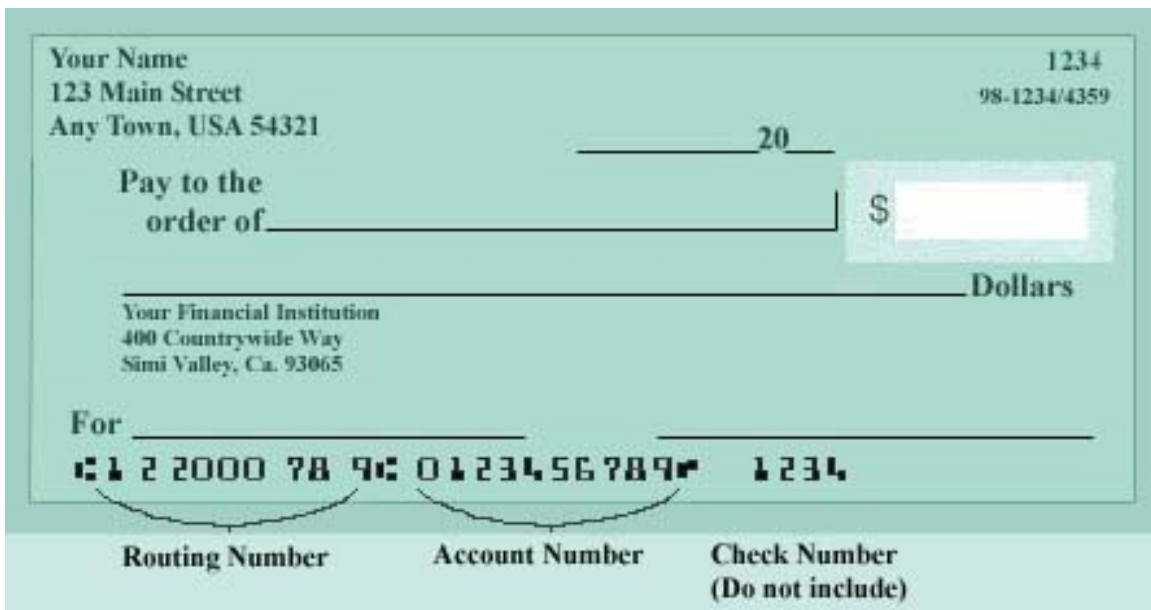


**East Dillon Water District
 Direct Payment of Water Fees (ACH)
 Authorization Form**

EDWD Account number	
Owner name	
Property address	
Phone number	
E-mail address	



Bank name							
Routing number							
Account number							
Account holder(s)							
Account type	<table border="1"> <tr> <td>checking</td> <td></td> <td></td> <td>savings</td> <td></td> <td></td> </tr> </table>	checking			savings		
checking			savings				

Water fees are billed quarterly and will fluctuate depending on your water usage. I (we) hereby authorize the East Dillon Water District to initiate quarterly debit entries approximately 30 days after the mailing of the billing statement for the payment of water fees.

Date Signature