AUTHORIZATION AGREEMENT FOR CANCELLATION OF DIRECT PAYMENTS (ACH DEBITS)

WATERWORKS DISTRICT NO. 1 11822 LA HWY 699 MAURICE LA 70555 337-898-8345

I (we) hereby authorize Waterworks District No. 1, hereinafter called COMPANY, to **CANCEL** debit entries to my (our),

. SELECT ONE .

CHECKING ACCOUNT

SAVINGS ACCOUNT

at the depository financial institution named below, hereinafter called DEPOSITORY, and to **CANCEL** the same to such account.

Depository Bank

NAME OF BANK:		
CITY OF BANK:		
STATE OF BANK:		
ROUTING NUMBER:		
ACCOUNT NUMBER:		
NAME ON WATER ACCOUNT:		
PHYSICAL ADDRESS (METER		
LOCATION):	 	
CANCEL DIRECT PAYMENTS AS OF:		

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to

afford COMPANY and DEPOSITORY a reasonable opportunity t	o act on it.
	/
SIGNATURE OF ACCOUNT HOLDER #1	DATE
	/
PRINT NAME OF ACCOUNT HOLDER #1	DATE