

UTILITY PREAUTHORIZED DEBIT AUTHORIZATION FORM

I (we) hereby authorize St. James Parish, hereafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the financial institution listed below, hereafter call THE FINANCIAL INSTITUTION, and to debit the same to such account, and, if necessary, initiate adjustments for any transactions credited/debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law. This authorization is to remain in effect until THE COMPANY is notified by me (or either of us) in writing to cancel it in such time and in such manner as to afford COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name of Financial Institution (Please Print)

(Address of Financial Institution - Branch, City, State & Zip (Please Print)

(Name appearing on Account- (Please Print)

(Address appearing on Account (Please Print)

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.

A sample check from ANYPLACE BANK, Anyplace, VA 20000. The check is payable to JEFFREY MAPLE and SUZANNE MAPLE at 123 Pear Lane, Anyplace, VA 20000. The amount is \$1234.00. The routing number is 250250025 and the account number is 20202086. A note indicates that the routing and account numbers may be in different places on a check. A callout box says 'Do not include the check number.'

Note: The routing and account numbers may be in different places on your check.

Name on Utility Account _____

Utility Account Number _____

Signature _____ Date _____