



AGREEMENT FOR PREAUTHORIZED PAYMENTS

ELIZABETHTOWN UTILITIES

I (We) hereby authorize Elizabethtown Utilities, hereinafter called "THE CITY" to initiate debit entries to my (our) Checking/Savings account indicated below and the depository named below, hereinafter called "FINANCIAL INSTITUTION", to debit the same to such account.

FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP _____

ROUTING NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until THE CITY and FINANCIAL INSTITUTION has received written notification from me (or either of us) of its termination in such time frame and in such manner as to afford THE CITY and FINANCIAL INSTITUTION opportunity to act on it.

CUSTOMER NAME(S) _____

UTILITY ACCOUNT NO. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE _____

CUSTOMER SIGNATURE _____