

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

I (we) hereby authorize Santo Special Utility District, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for payment. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

_____ Financial Institution	_____ Branch
_____ Address	_____ City/State/Zip
_____ Routing Number	_____ Checking Account Number

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ Print Individual Name	_____ Signature
_____ Print Individual Name	_____ Signature
_____ Date	

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM