****

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT PAYMENTS (ACH)

I (we) hereby authorize Bottle Bay Recreational Water & Sewer District (BBRWSD) to initiate debit entries to my (our)  Checking account /  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY and to credit the same to a BBRWSD account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name  Branch 

City  State  Zip 

Routing #  Account # 

This authorization is to remain in full force and effective until BBRWSD has received notification from me (or either of us) of its termination in such time and in such manner as to afford BBRWSD and the DEPOSITORY a reasonable opportunity to act on it.

Name(s) 

Address 

Date  BBRWSD # 

Signature  Signature 

**Print and mail this form to:**

**BBRWSD**

**P.O. Box 304**

**Sagle, ID 83860**

 **OR**

**Email to:** info@bottlebaydistrict.org