



AUTOMATIC WITHDRAW PAYMENT AUTHORIZATION AGREEMENT

PLEASE TYPE or PRINT LEGIBLY

I authorize **INDIAN HILLS GENERAL IMPROVEMENT DISTRICT** to withdraw payment for services rendered or goods provided directly from my account at the financial institution listed below. This authorization will remain in effect until **INDIAN HILLS GENERAL IMPROVEMENT DISTRICT** has received written notification from me of its termination and **INDIAN HILLS GENERAL IMPROVEMENT DISTRICT** has had reasonable opportunity to act upon it.

Customer Name	Financial Institution Name
Customer Address	Financial Institution Routing Number (9 digits)
Customer's Contact Name	Checking Account Number
Contact Telephone Number () ()	Customer Email Address
Indian Hills GID account number	Day you wish Indian Hills to withdraw payment from your account <input type="checkbox"/> 10 th of each month <input type="checkbox"/> 20 th of each month

Print Name and Title of Customer's Authorized Official

Customer Authorized Signature

Date

ATTACH VOIDED CHECK