

Pre-authorized Payment (Debit) Service Authorization Agreement

Mo-Dad Utilities, LLC
Company Name

72 - 1476372
Company ID Number

I (we) authorize the above COMPANY and the financial institution listed below to electronically debit my (our) Checking Savings Account specified below:

_____	_____
Bank Name	Branch Location
_____	_____
City	State
_____	_____
Zip Code	_____
_____	_____
Bank Transit/ABA Number	Account Number

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. A copy of this Authorization Agreement must be given to the customers and will be provided by COMPANY, upon request, to the BANK.

_____	_____
Customer Name (Please Print)	Account Number
_____	_____
Signature	Date

Please staple to this form a voided check to verify bank account information.