

## ACH RECURRING DEBIT FORM One Account

I (we) hereby authorize Broadway Water Association, Inc. hereinafter call "Company", to initiate debit entries and, if necessary, debit correction and adjustment entries to my account at the financial institution listed below.

(Financial Institution Name)

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(Address)

(City/State)

(Zip)

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(Routing & Transit Number)

(Account Number)

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(Account Type)  
(loan)

(Checking/Draft)

(Savings/Share)

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This authority is to remain in full force and effect until "Company" has received written notification from the recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it.

(Signature)

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(Printed Name)

(Date))

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(Please attach a voided check to this form)