

CREDIT/DEBIT AUTHORIZATION FORM

I hereby authorize Gravois Arm Sewer District to initiate entries to my checking/savings account(s) at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credit/debited in error.

This authority will remain in effect until Gravois Arm Sewer District is notified by me in writing to cancel authorization in such time as allotted for Gravois Arm Sewer District and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution, City, State and Zip)

(Customer Name)

(Customer Address, City, State and Zip)

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

(Authorized Signature)

(Date)

ATTACH A VOIDED CHECK TO THIS FORM

**EMAIL TO BILLING@GASDMO.COM, FAX TO 573-372-1242
OR PLACE IN REGULAR MAIL**