

I authorize Spring Valley Public Utilities and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

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(NAME OF FINANCIAL INSTITUTION) (BRANCH)

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(CITY) (STATE) (ZIP CODE)

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(SIGNATURE) (DATE)

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(NAME – PLEASE PRINT)

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(ADDRESS – PLEASE PRINT)

Account No. \_\_\_\_\_ Checking \_\_\_ or Savings \_\_\_

Financial Institution Routing Number \_\_\_\_\_

\*Your utility bill will be withdrawn from your bank account on the 15<sup>th</sup> of each month.

\*Please attach a voided check or check copy to this completed form.

If you would like to receive your monthly statement by email.

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(EMAIL ADDRESS – PLEASE PRINT)