

DEBIT AUTHORIZATION

I (we) hereby authorize Jellico Utilities, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for application. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Financial Institution		Branch	
Address			
City/State/Zip			
Routing Number		Account Number	
Type of Account:	Checking	Savings	
-	s termination in suc nable opportunity t	ect until Company has received written no th time and manner as to afford Company o act on it.	
Signature			
Date			
Print or Type Individual ID	Number		
Please Attach Copy of Void	ed Check to This F	orm!!	