

CREDIT/DEBIT AUTHORIZATION FORM

Account # _____

I (we) hereby authorize ***Canebrake Utilities*** (**THE COMPANY**) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (**THE FINANCIAL INSTITUTION**), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act upon it.

Name of Financial Institution

Address of Financial Institution – Branch, City, State & Zip

Signature and Date

Name – **Please Print**

Address – **Please Print**

Set Amount: _____ **Maximum Amount:** _____

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

ATTACH "VOIDED" CHECK TO THIS FORM BEFORE SUBMITTING.