Electronic Debit Authorization

Please fill out and return with a *voided check* from your checkbook.

I authorize Flathead County Water District #101 and the financial institution listed below to initiate electronic debit from my ☐Checking Account or ☐Savings Account (Please check one). This authority will remain in effect until I have canceled it in writing.

- I authorize you and the financial institution to initiate an electronic debit from my account. _____(please initial)

The authorization is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

_____ Financial Institution

_____ Name (Please Print)

_____ City/State

_____ Signature

_____ Account Number

_____ Date

_____ Routing and Transit Number

____ Initial

I understand that the above company may initiate a reversal of any entry made under this agreement if an error has been made. agreement.

Attach Voided Check Here

Please email completed form to info@whitefishfinancial.com or mail to 200 Parkhill Drive, Whitefish, MT 59937