



Authorization Agreement for Direct Payments

(ACH debits)

Return to:
**Dawson Public
Power District**
PO Box 777
Lexington NE 68850-0777

For (name): _____

Dawson PPD customer account number: _____

I (we) hereby authorize Dawson Public Power District, hereinafter called DPPD to initiate debit entries to my (our) (select one of the following):

- Checking account
- Savings account

At the depository financial institution named below, hereafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository name: _____

Branch: _____

City: _____ State: ____ Zip: _____

Routing number: _____

Account number: _____

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

Authorization

Meter number: _____

Signature: _____

Date: ____/____/____

NOTE: Debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

***A VOIDED CHECK MUST BE ATTACHED
TO THIS FORM.***

QUESTIONS? CALL 308-324-2386