



AUTHORIZATION AGREEMENT FOR DIRECT DEBITS  
(ACH DEBITS)

**PLEASE ATTACH VOIDED CHECK**

AUTHORIZATION AGREEMENT FOR DIRECT DEBITS (ACH DEBITS)

Company

Name Sycamore Gas Company

I (we hereby) authorize Sycamore Gas Company hereinafter called COMPANY, to initiate debit entries to my (our) Checking ( ) Savings account ( ) (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

BANK  
NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

The authorization is to remain in full force and effect until 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.

NAME(s) \_\_\_\_\_ BOOK & ACCT # \_\_\_\_\_  
(Please Print)

PHONE # \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.