

**UTILITIES
BANK COLLECTION AUTHORIZATION**

NAME: _____	DATE: _____
ADDRESS: _____	
TELEPHONE NUMBER: _____	
NAME OF BANK: _____	
CHECKING ACCOUNT NUMBER: _____	
BANK ROUTING NUMBER: _____	

ROOSEVELT PUBLIC POWER DISTRICT PO BOX 97 Mitchell, NE 69357
308-635-2424

I hereby authorize Roosevelt Public Power District to collect payment for bills incurred on the listed accounts from the above financial institution, until such time as I may cancel the arrangement.

Signature

RPPD Account Number

ATTACH VOIDED CHECK

Authorization to stop withdrawing from my account

Signature _____ (in office) Date _____

Person authorizing cancel if over the phone _____ Date to stop _____