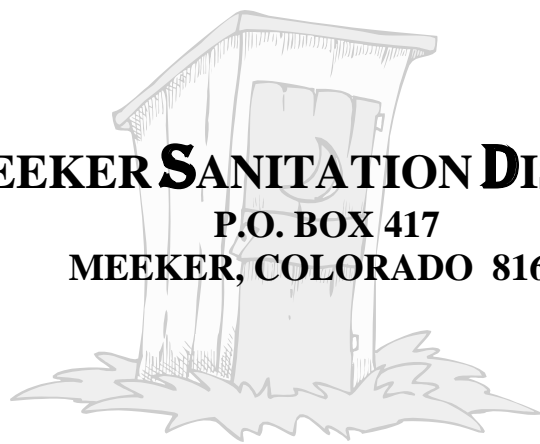


MEEKER SANITATION DISTRICT

P.O. BOX 417
MEEKER, COLORADO 81641

OFFICE
265 EIGHTH STREET
PHONE: 970-878-5192
FAX: 970-878-5988

PLANT
1150 MARKET STREET
PHONE: 970-878-5345



ACH DEBIT AUTHORIZATION

I hereby authorize the MEEKER SANITATION DISTRICT, hereinafter called DISTRICT, to initiate debit entries for sewer service payments to the account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION. Debits are to take place on the 10th day of each month and will correspond to the current month's statement. If any collections are made in error, I authorize DISTRICT to initiate credit transactions to same account to correct the error. I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the National Automated Clearing House Association.

(Financial Institution Name)

(Address)

(City/State)

(Zip)

Name of Account Owner (company or individual)

Meeker Sanitation District Acct Number

(Routing Number)

(Account Number)

Type of Acct: Checking

This authority is to remain in full force and effect until DISTRICT has received written notification from Account Owner of its termination prior to the 20th of the month to allow DISTRICT and FINANCIAL INSTITUTION a reasonable opportunity to act on such termination.

(Print Authorized Signer's Name)

(Signature)

(Phone #)

(Date)

(Print Authorized Signer's Name)

(Signature)

(Phone#)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM