By signing below you hereby authorize until further notice to debit from the voided check you provided to Valley Rural Utility Company.

WATER AND SEWER

ACCOUN'	T NUMBER:		
l would li	ke to have my account debited monthly	for the balance due on:	
x	DAY OF THE MONTH		
	DAY OF THE MONTH		
*****	*********	*******	********
x			
	Today's Date		
X			
	Customer's Signature		
X			
Ž T	Phone Number		
**			
	Email Address		

**OPTIONAL: Notifications will be emailed when your payment is processed