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Phone: 308-324-2386

www.dawsonpower.com

Authorization Agreement for Direct Payments ACH Debits

Name on the Dawson PPD account: _____

Dawson PPD customer account number: _____

Phone number: _____

I hereby authorize Dawson Public Power District, hereinafter called Dawson PPD to initiate debit entries to my (our) checking or savings account indicated on the voided check or savings account deposit attached 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.

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

Name on the checking account: _____

Signature: _____

Date: _____ Meter number: _____

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

Attach a voided check to this form.

**Return to Dawson Public Power District, PO Box 777,
Lexington NE 68850.**

Your ACH will not be processed until this form is completed.