

BANK DRAFT AUTHORIZATION

NAME _____ DATE _____

ACCT# _____

CHECKING ACCT # _____ ROUTING # _____

BANK _____

I HERBY AUTHORIZE MY GAS BILLS TO BE PAID BY MY BANK. IT WILL NOT BE NECESSARY FOR CROCKETT PUBLIC UTILITY DISTRICT OR ANYONE EMPLOYED BY IT TO SIGN SUCH DRAFTS OR CHECKS, AND I AGREE THAT YOUR RIGHTS IN RESPECT TO EACH SUCH DRAFT OR CHECK SHALL BE THE SAME AS IF ISSUED AND SIGNED PERSONALLY BY ME. I FUTHER AGREE THAT YOU SHALL BE UNDER NO OBLIGATION TO FURNISH AS WITH ANY SPECIAL ADVICE OR NOTICE IN WRITING OR OTHERWISE OF THE PRESENTMENT OR PAYMENT OF ANY SUCH DRAFT OR CHECK OR THE CHARGING OF THE SAME TO MY ACCOUNT. THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING, AND UNTIL YOU ACCTUALLY RECEIVE SUCH NOTICE I AGREE YOU SHALL BE FULLY PROTECTED IN HONORING ANY SUCH DRAFT OR CHECK.

DEPOSITOR'S SIGNATURE