AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

PERENNIAL PUBLIC POWER DISTRICT

below at the b			
Name	B	Branch	
City	S	StateZip	
Routing Number		Account Number	_
This authorize or verbal noti	ation is to remain in full f	force and effect until COMPANY has rece er of us) of its termination in such time and ANK a reasonable opportunity to act on it.	— ived written l in such
manner as to			
	PLEASE PRINT		

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.