

WEST MEDINA WATER SUPPLY CORP

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the WEST MEDINA WATER SUPPLY CORP, hereinafter called WMWSC to initiate debit entries to my (our) Checking Account / Savings Account (Select One) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account in order to pay my bill(s) each month. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

BANK INFORMATION

Depository (Bank) Name

Branch

City

State

Zip

Routing Number

Account Number

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

CUSTOMER INFORMATION / AUTHORIZATION

Physical Address

Printed Name

Phone Number

Signature (as accepted by bank)

Mobile Number (not required)

Email:

Date

DO NOT FILL BELOW THIS LINE (OFFICE USE ONLY)

(Account Name as Shown on Bill)

(WMWSC Account No.)

(Cycle)