

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize HIGH POINT WATER SUPPLY CORPORATION, herein after called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called BANK, and if necessary, initiate adjustments for any transactions debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws, regulations, and other rules that apply to ACH. This authorization should be clear and readily understandable as indicated by Regulation E.

I understand my account will be debited on the 10th of every month for services rendered and so authorize said debits not to exceed the maximum amount listed below.

Maximum Amount: _____

Fill in bank information below

Name of Bank: _____ **Start Date:** _____

Routing Number: _____

Account Number: _____

Type of Account: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and BANK a reasonable opportunity to act on it. By authorizing this monthly ACH debit, you are also authorizing a \$0.75 service charge transaction fee to be added to your monthly bill for the cost of this service.

Printed Name: _____ **HPWSC Account #:** _____

Signature: _____ **Date:** _____

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

ATTACH VOIDED CHECK HERE