

Authorization Agreement for Direct Payment (ACH Debits)

Company Name:

I (we) hereby authorize POSEY TOWNSHIP WATER CORPORATION, hereinafter 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 DEPOSITORY, and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Depository Name _____

City _____ **State** _____ **Zip** _____

Routing Number _____

Account Number _____

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

Names(s) _____

(Please Print)

Date _____ **Signature** _____

UTILITY ACCOUNT NO. _____

Please Attach a VOIDED Check