

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize HIGH POINT WATER SUPPLY 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 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 10<sup>th</sup> of every month for services rendered and so authorize said debits not to exceed the maximum amount listed below.

**Maximum Amount:** \_\_\_\_\_

*Fill in the bank information below*

Name of Bank: \_\_\_\_\_  Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name(s) on Bank 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 allowing a \$0.75 service charge transaction fee to be added to your monthly bill for the cost of this service.

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***