

AUTHORIZATION AGREEMENT FOR ELECTRONIC ENTRIES

I (we) hereby authorize West Autauga Water Authority, hereinafter called COMPANY, to initiate debit/credit entries to my (our) (please select one)

- Checking Account
- Savings Account

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Depository Name \_\_\_\_\_  
Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_

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 as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name \_\_\_\_\_ Tax ID# \_\_\_\_\_  
Name \_\_\_\_\_ Tax ID# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Signature \_\_\_\_\_  
Signature \_\_\_\_\_

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

CONTACT INFORMATION:

Customer Name \_\_\_\_\_  
Customer Home Phone \_\_\_\_\_  
Customer Work Phone \_\_\_\_\_  
Customer Fax \_\_\_\_\_

WEST AUTAUGA WATER AUTHORITY  
P. O. BOX 400  
AUTAUGAVILLE, AL 36003  
(334) 358-8003

Any ACH payments returned to COMPANY for insufficient funds are subject to a \$30.00 return fee or such fee as is allowable by law.

**COMPLETE FORM AND RETURN TO THE ABOVE ADDRESS WITH A VOIDED CHECK.**