

**AUTHORIZATION AGREEMENT FOR
DIRECT PAYMENTS (ACH DEBITS)**

Company Name: West End Water Supply Corporation
Company ID: West End WSC ACH

I (we) hereby authorize West End Water Supply Corporation, hereinafter called COMPANY, to initiate debit entries to my account type indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit 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.

WITHDRAWAL OF FUNDS

Account Type: _____ Checking _____ Savings

Depository Name: _____

City: _____ State: _____ Zip: _____

Name on Account: _____

Account #: _____ Routing Number: _____

\$ Amount: The amount of each monthly water bill

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 reasonable opportunity to act on it.

Attach a voided check here

Signature: _____ Date: _____

NOTE: ALL DEBT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

NOTICE: This form must be completed in its entirety in order for it to be processed.

Date: _____	Input By: _____.
Employee's Name _____	Date: _____.
	Date Printed: _____.