

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS		
COMPANY NAME	Sterrett-Vandiver Water System, Inc.	COMPANY I.D NUMBER
<p>I (we) hereby authorize , Sterrett-Vandiver Water System, Inc. hereinafter called COMPANY, to initiate debit entries to my (our)_____ Checking _____ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.</p>		
DEPOSITORY NAME	BRANCH	
CITY	STATE	ZIP
TRANSIT/ABA NO (Bank routing #)	ACCOUNT NO.	
<p>This authority is to remain in full force and effect until COMPANY and DEPOSITORY 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.</p>		
NAMES(S) (Print name here)	IDNO.	
<u>DATE</u>	<u>Customer signature:</u>	

Limit: \$ _____

NOTE: A \$30.00 INSUFFICIENT FUND FEE WILL BE CHARGED BACK TO ANY RETURNED PAYMENT. ACCOUNT MAY BE SUSPENDED FROM AUTO PAY AND TREATED AS ANY RETURNED CHECK BY SUBMITTING TO DISTRICT ATTORNEY’S OFFICE.

Please return original form along with a voided check.