

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH DEBITS)

BAXTER WATER DEPT.

FEIN 62-0905989

I (we) hereby authorize Baxter Water Dept. herein called Company, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my/our () Checking () savings account indicated below and the depository named below, herein called Depository, to debit and/or credit the same such account.

WATER DEPT. ACT # _____

NAME(s),PRINTED _____

DEPOSITORY BANK _____

CITY _____ STATE _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

(ATTACH A VOIDED CHECK)

Payment will be drafted from your bank account on the 10th of each month. You will continue to receive a bill showing your amount due.

I (we) understand that if my payment fails to clear my account on the 10th of any month that I (we) will be prohibited from using ACH for 1 year.

I (we) also understand that it is my responsibility to notify Baxter Water Dept. of any and all changes to my personal bank account information including account number and bank routing number. Return ach payments do not relieve you from payment, penalty and any related service charges.

This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository Bank a reasonable opportunity to act on it.

DATE _____ SIGNED _____