

ELLIS WATER COMPANY

3030 N. STATE ROAD 59

LINTON, IN 47441

admin@elliswater.org

AUTHORIZATION AGREEMENT

DIRECT PAYMENTS (ACH DEBITS)

I (WE) HEREBY AUTHORIZE ELLIS WATER CO., INC., THROUGH ITS MANAGING AGENT (NORTHWEST BANK), TO INITIATE DEBIT ENTRIES TO MY (OUR) CHECKING/SAVINGS ACCOUNT INDICATED BELOW AND THE BANK NAMES BELOW, TO DEBIT THE SAME TO SUCH ACCOUNT. YOUR ACCOUNT WILL BE DEBITED ON THE 16TH OF EACH MONTH. IF THE 16TH FALLS ON A WEEKEND OR HOLIDAY IT WILL BE WITHDRAWN ON THE NEXT BUSINESS DAY.

BANK NAME: _____ BRANCH: _____

ADDRESS: _____ CITY: _____

ROUTING # _____ ACCT.# _____

TYPE OF ACCT.: CHECKING: _____ SAVINGS: _____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE ASSOCIATION HAS RECEIVED NOTIFICATION FROM THE ACCOUNT HOLDER OF TERMINATION IN SUCH A MANNER TO GIVE ELLIS WATER AND NORTHWEST BANK A REASONABLE TIME TO ACT ON IT.

PRINT NAME: _____

SIGNATURE: _____

Date: _____

COPY OF LICENSE AND OR STATE I.D. REQUIRED.

Account # _____ Service Address _____

Phone # _____