



Authorizaton Agreement For Direct Payments (ACH Debits)

I hereby authorize Sunny Slope Water Company to initiate debit entries to my Checking Account indicated at the financial institution named below, and to debit the same to such account. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law. I understand this authorization is to remain in effect until SSWC has received written notification of its termination, which must be at least 15 days in advance of the next scheduled payment. I also understand that SSWC may stop my participation in this service if necessary. I further understand if SSWC receives a rejected payment, I will be responsible for paying this bill by different check or money order in the office and any associated fees. I understand that, once enrolled, I will receive monthly bills electronically (e-bills.)

Name _____
(Print name on checking account)

Sunny Slope Account Number _____

Service Address _____

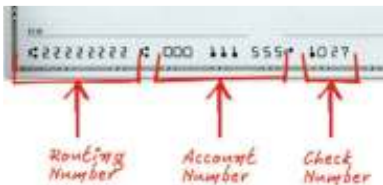
Signature(s) _____

E-Mail: _____

Date _____ Phone# _____

This authorization is to remain in effect until Sunny Slope Water Company has received written notification from you of its termination in such time and in such manner as to afford Sunny Slope Water Company and the above named bank a reasonable opportunity to act on it. Your account must be in good standing and not subject to existing payment arrangements or extensions. You may have no more than one return payment within the past 12 months.

Payments may be rejected by your financial institution because of insufficient funds, closed/unauthorized accounts or other reasons. If your payment is rejected, your utility account will be assessed a return item fee.



⦿ (Sample only)
(check number not needed for enrollment)

Bank Information:

Bank Name _____

Branch Address _____

City, State and Zip _____

Bank Routing#: _____ Bank Account#: _____