

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: South Cleveland Water Supply Corporation

I (we) hereby authorize South Cleveland Water Supply Corporation hereinafter called SCWSC, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called Southside Bank, 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.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until South Cleveland Water Supply Corporation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford South Cleveland Water Supply Corporation and Southside Bank a reasonable opportunity to act on it

Name(s)

Date _____

Signature _____

NOTE: ONLY NOTIFYING THE COMPANY IN THE MANNER SPECIFIED IN THE AUTHORIZATION MAY REVOKE THIS AUTHORIZATION.

PLEASE ATTACH A COPY OF A CANCELED CHECK