

Authorization Agreement for Pre-Authorized Payments

JACKSON COUNTY WATER COMPANY, INC.

ACH

CUSTOMER NAME (S) _____

JACKSON COUNTY WATER CUSTOMER ACCOUNT NUMBER _____

DEPOSITORY NAME _____

DEPOSITORY ADDRESS _____

ROUTING/ABA NUMBER _____

ACCOUNT NUMBER _____

I (we), the CUSTOMER, hereby authorize Jackson County Water Company, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) account indicated above and the depository, hereinafter called DEPOSITORY, to debit the same such account.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from the CUSTOMER of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CUSTOMER SIGNATURE _____

CUSTOMER SIGNATURE _____

DATE _____