



Edwardsville Water Corporation

545 Maplewood Blvd, Georgetown, Indiana 47122
www.EdwardsvilleWater.com

Phone: 812-948-0900

Fax: 812-941-9114

CREDIT AUTHORIZATION

I (we) hereby authorize Edwardsville Water Corporation hereinafter called COMPANY, to initiate credit entries for monthly billing to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

(Branch)

(Financial Institution Name)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Acct: Checking Savings

This authority is to remain in full force and effect until Edwardsville Water Corporation has received written notification from me (or either of us) certified mail of its termination in such time and manner as to afford Edwardsville Water Corporation and Financial Institution a reasonable opportunity to act on it. All ACH transactions will take place on the 20th of each month unless it falls on a weekend or Holiday in which case will take place the day before.

I understand that if at any time while the ACH transaction takes place and it becomes NSF, the account will be charged a \$25.00 fee and automatically void your participation in the Automatic Draft. I understand at which time participation in the Automatic Draft will be voided for 12 months.

(Signature)

(Print Individual Name)

(Date)

Please attach copy of voided check to this form.

A deposit slip will not be accepted.