ACH Debit Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **Flat Water Supply Corporation** **Company ID Number:**_____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) _____Checking Account / _____Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, 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:**_____

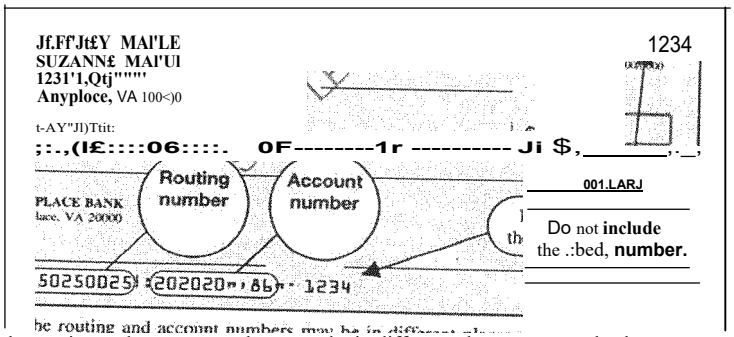
Routing Number ***(9 Digits):***_____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s):_____ Individual ID Number: _ _ _ _ _ _ _ _ _
(Please Print) *(To be completed by Company)*

Signature:_____ Date:____/____/____

Please *attach a VOIDED CHECK* to *this authorization if a* ***checking*** *account will be debited.*



the routing and account numbers may be in different places on your check.