

HOPEWELL WATER ASSOCIATION INC
AUTHORIZATION FOR AUTOMATIC DIRECT PAYMENT

Company Name: HOPEWELL WATER ASSOCIATION INC

I / We authorize HOPEWELL WATER ASSOCIATION INC to initiate debit entries to my / our account at the depository institution described below, for the purpose of accomplishing the following preauthorized payments:

I / We authorize HOPEWELL WATER ASSOCIATION INC to collect payment in full for my monthly water bill by initiating a debit entry (deduction) to the bank account shown.

HOPEWELL WATER ASSOCIATION INC water bills are billed on or around the _____ of each month. The bills are due on or around the _____ of each month. I understand that my bill will be debited from my account on or after the monthly due date, beginning on _____.

Financial Institution's Name: _____

City: _____ State, Zip: _____

Routing Number: _____ Account Number: _____

_____ Checking Account / _____ Savings Account (select one)

(PLEASE ATTACH VOIDED CHECK IF REQUIRED BY COMPANY)

I / We acknowledge that the origination of these transactions must comply with provisions of U.S. LAW.

I / We understand that this authorization replaces any previous authorization and will remain in full force and effect until HOPEWELL WATER ASSOCIATION INC has received written notification from me (or either us) of its termination in such time and in such manner as to afford HOPEWELL WATER ASSOCIATION INC and Financial Institution a reasonable opportunity to act on it.

Print Name(s): _____ ID / Account Number: _____

Date: _____ Signature (s): _____