

AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Seville Water Supply Company, hereinafter called COMPANY, to electronically debit my (our) account (and if necessary electronically credit my (our) account to correct erroneous debits) indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name, address including city, state and zip code of your Financial Institution.

(Routing/ Transit Number)
(Account Number) _____
Type of Account _____ Checking _____ Savings

Debit amounts will range from _____ to _____

COMPANY will notify recipient by written notice of the amount and date on or after that it will be debited.

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it or as defined as follows:.

The (Member(s) can terminate this agreement with Seville Water Supply Corporation after (written notification) has been received at our office (Seville Water Supply Corporation c/o Nancy Ward 10029 Yeoman Lane Fort Worth, TX 76179-4072) upon receiving notice please allow (7 business days) for termination to take effect.

Member(s) who have joint accounts both individuals are required to print individual name, sign and date on the lines provided below:

(print name) _____

(print name) _____

(sign & date) _____

(sign & date) _____