

Mockingbird Hill Water

Company Name

Enrollment and Authorization Form
(Authorization Agreement for Electronic Transfer of Funds via ACH Debits)

Instructions:

1. Complete this entire authorization agreement. Please print using black or blue ink.
2. Present this completed form to the financial office. If your checking account will be debited, please attach to this form a voided check for the checking account. If your savings account will be debited, please attach to this form a voided deposit slip for the savings account.
3. This agreement may be revised or terminated at any time by written notification or email to the financial office.

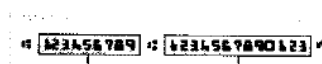
YOUR INFORMATION

| | | |
|---|----------------------------|-------------------------------------|
| Check all appropriate box(es): <input checked="" type="checkbox"/> New Enrollment/Authorization <input type="checkbox"/> Change in Amount <input type="checkbox"/> Change in Bank Account | Last Name: X | First Name: X Middle Initial: |
| | Street Address: X | |
| | City: X | State: X Zip Code: X |
| | Daytime Phone: () X | Evening Phone: () X |

AMOUNT AND FREQUENCY

| | |
|---|--|
| <p>Pay Monthly Bill : <input type="text"/></p> <p>The total amount will be debited based upon the frequency selected.</p> | <p>Frequency of ACH Debit:</p> <p><input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____</p> <p>Start Date: ____/____/____ End Date: ____/____/____</p> |
|---|--|

CHECKING OR SAVINGS ACCOUNT ACH DEBIT AUTHORIZATION

| | |
|--|--|
| <p>Payment should be debited from my:</p> <p><input type="checkbox"/> Checking Account (Please attach a voided check.) <input type="checkbox"/> Savings Account (Please attach a deposit slip.) Routing Number (9 Digits): _____ Account Number: _____</p> <p style="text-align: center;">  <small>Routing Code Account Number</small> </p> | <p>I hereby authorize <u>Mockingbird Hill Wa</u> to automatically withdraw payment from my account by initiating ACH debit transactions per the amount, frequency, and account information stated on this form. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of NACHA requirements. This authorization will remain in effect until <u>Mockingbird Hill Water</u> has received written notification from me of its termination in such time and in such manner as to allow <u>Mockingbird Hill Water</u> a reasonable opportunity to act on it or the account is paid in full.</p> <p>X Account Holder Signature: _____ X Date: ____/____/____</p> |
| <p>Official Use Only: ACH Transaction Set Up on ____/____/____ by _____ Individual ID Assigned: _____</p> | |