

Debit Authorization

AUTHORIZATION FORM FOR DIRECT PAYMENT ACH DEBITS

Company Name G-M WATER SUPPLY CORPORATION Company ID# : 75-1645192

I (we) hereby authorize G-M WATER SUPPLY CORP., hereinafter called COMPANY, to initiate debit entries (to pay my water bill) to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, 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.

Financial Institution Name:

Branch:

Address:

Type of Account (check one below):

City/State:

Checking:

ZIP:

Savings:

Account Name:

Routing Number:

Acct Number:

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.

Print Individual Name:

EMAIL ADDRESS:

Signature:

Date:

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!