

ELLIS WATER CO., INC.

P.O. BOX 291
LINTON, IN. 47441
812-847-9898 (OFFICE)
812-847-4010 (FAX)
elliswater@minerbroadband.com

AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (We) hereby authorize ELLIS WATER CO., INC., through it's Managing Agent (REGIONS BANK), to initiate debit entries to my (our) checking/saving account indicated below and the bank named below, to debit the same to such account. Your account will be debited on the 16th day of each month. If the 16th falls on a weekend or holiday it will be withdrawn on the next business day.

BANK NAME: _____ BRANCH: _____

ADDRESS: _____ CITY: _____ ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: CHECKING _____ SAVING _____

This authority is to remain in full force and effect until the Association has received written notification from me (or either of us) of its termination in such manner as to afford ELLIS WATER and REGIONS BANK a reasonable opportunity to act on it. .

PRINT NAME(S): _____

SIGNED: _____

SIGNED: _____

DATE: _____

ALL APPLICANTS MUST PROVIDE A COPY OF THEIR DRIVER'S LICENSE AND A VOIDED CHECK OR DEPOSIT SLIP WITH THIS APPLICATION.

If this form is received after the 10th of the month then the ACH Debit will not be drawn from your account until the following month. If the ACH Debit is declined due to Insufficient Funds or other similar circumstances our return check fee of \$30.00 will apply.