

AUTHORIZATION AGREEMENT OF DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize ELLIS WATER CO. INC through its Managing Agent (Bloomfield State Bank), to initiate debit entries to my (our) checking/saving account named below, to debit the same to such account.

BANK NAME _____ BRANCH: _____

ADDRESS: _____ CITY: _____ ZIP: _____

ROUTIING 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 Bloomfield STATE 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 TO THIS FORM.

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 similar circumstances our return fee of \$30.00 will apply.