

ACH PREAUTHORIZED PAYMENTS AGREEMENT (DEBITS)

This is my authorization to _____, (_____) to automatically debit company name
COMPANY NAME ID #

my ___ checking ___ savings account _____
NUMBER BANK TRANSIT/ABA NO.

at _____ in _____,
FINANCIAL INSTITUTION CITY STATE

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

CUSTOMER NAME

CUSTOMER ID NUMBER

DATE

CUSTOMER SIGNATURE

PHONE NUMBER

*Little River
Water & Sewerage
Company, Inc.*

Dear Valued Customer

Re: Bank Draft

Please sign and return the above form along with a voided check, a copy of a check, or a check paying your current bill. We will begin to draft your account for the next billing period. Please note that the account must be paid in full at time draft is established.

Look for the note on your payment stub noting that your designated account will draft on or about the 6th or 7th of the month. This will indicate that your draft is in effect. If we may assist you in any way please feel free to contact us.

Thank you.