

AUTHORIZATION AGREEMENT

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

CHARLESTON WATER DEPT.

I (we) hereby authorize _____, hereinafter called COMPANY, to electronically debit 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.

PRIMARY ACCOUNT:

(Financial Institution Name)

(Address) (City/State) (Zip)

(Routing Number) (Account Number)

Type of Acct: Checking Savings

Date(s) and/or frequency of debit(s): 5th Monthly

Amount to withdraw: Amount Billed

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)

(Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM