

# EDWARDSVILLE WATER CORPORATION

545 Maplewood Blvd  
Georgetown, IN 47122  
FAX (812)941-9114 PHONE (812)948-0900

## CREDIT AUTHORIZATION

I (we) hereby authorize Edwardsville Water Corporation hereinafter called COMPANY, to initiate entries for monthly billing to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

Type of Acct \_\_\_\_\_ Checking

This authority is to remain in full force and effect until Edwardsville Water Corporation has received written notification from me (or either of us) certified mail of its termination in such time and manner as to afford Edwardsville Water Corporation and Financial Institution a reasonable opportunity to act on it. All ACH transactions will take place on the 20<sup>th</sup> of each month unless it falls on a weekend or Holiday in which case will take place the next business day.

I understand that if at anytime while the ACH transaction takes place and it becomes NSF, the account will be charged a \$25.00 fee and automatically void your participation in the Automatic Draft. I understand at which time participation in the Automatic Draft will be voided for 12 months.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Water Account Number)

\_\_\_\_\_  
(Date)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM. A DEPOSIT SLIP WILL NOT BE ACCEPTED.