AR RANCH AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

I hereby authorize the Middle Forks Water Company to initiate debit and, if necessary, credit entries to my account indicated below for my AR Ranch water bill. I understand that the amount deducted will be my balance due indicated on the current bill. The withdrawal will take place on the 15th of each month or the next business day if the 15th falls on a holiday or weekend. Signing up for auto-pay will incur an additional $1 convenience charge to your monthly water bill. I acknowledge that this authorization is to remain in effect until the Middle Forks Water Company has received written or verbal notification of its termination.

THERE WILL BE A SERVICE CHARGE IF FUNDS ARE NOT AVAILABLE

PLEASE PRINT CLEARLY

Name: _____

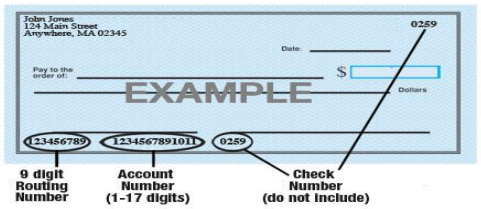
AR Ranch Acct #: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Attach a voided check to form



Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Type of Account: ☐ Checking ☐ Savings (check one)

Type of Account: ☐ Personal ☐ Commercial (check one)

Date _____

Signature _____

Please mail/email completed form to:

consultclearwater@gmail.com

Middle Fork Water Company
PO Box 591
Black Hawk, SD 57718