

THREE PEAKS WATER

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

I hereby authorize the Three Peaks Water to initiate debit and, if necessary, credit entries to my account indicated below for my Three Peaks Water 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 1st of each month or the next business day if the 1st falls on a holiday or weekend. I acknowledge that this authorization is to remain in effect until the Three Peaks Water has received written or verbal notification of its termination.

THERE WILL BE A SERVICE CHARGE IF FUNDS ARE NOT AVAILABLE

PLEASE PRINT CLEARLY

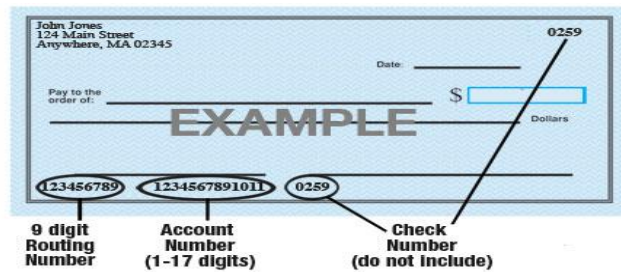
Name: _____

Three Peaks Lot/Address: _____

Mailing Address: _____

Phone Number: _____

Attach a voided check to form



Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Type of Account: Checking Savings (check one)

Attach a voided check to form

Date _____

Signature _____

Please email completed form to:

Clearwater Consulting
PO Box 761
Black Hawk, SD, 57718