

APPLE SPRINGS
AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

I hereby authorize Apple Springs to initiate debit and, if necessary, credit entries to my account indicated below for my Apple Springs 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 Apple Springs has received written or verbal notification of its termination.

THERE WILL BE A SERVICE CHARGE IF FUNDS ARE NOT AVAILABLE

PLEASE PRINT CLEARLY

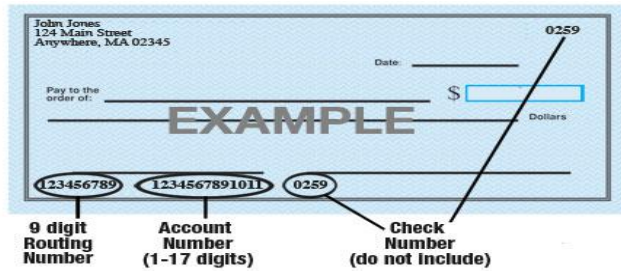
Name: _____

Account # _____
(Found on water/garbage bill, ex: ASW001)

Address: _____

Phone Number: _____

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 completed form to:

H2O Clear Solutions
PO Box 122
Black Hawk, SD, 57718