

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I(we) hereby authorize Hickory Kerton, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below at the depository (Bank) named below, hereinafter called DEPOSITORY, to debit the same such account, as and for payment of my (our) monthly water bill. I (we) understand that any credit adjustment to the account will be credited on the next bill issued.

BANK NAME: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Bank Telephone Number: _____

Type of Account (indicate by X): Checking ___ Savings ___ Acct.# _____

MUST ATTACH A VOIDED CHECK FOR THE PREAUTHORIZATION PAYMENT PLAN TO BE ACTIVATED

This authorization is to remain in full force and effect until COMPANY has received written notification or a phone call from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

HICKORY KERTON ACCT. NUMBER _____

CUSTOMER NAME(S) _____

CUSTOMER ADDRESS _____

SIGNED X _____

SIGNED X _____

(Make Sure To attach a Voided Check)