

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize BEAN BLOSSOM-PATRICKSBURG WATER CORPORATION to debit entries to my (our) account indicated below and the OWEN COUNTY STATE BANK to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) _____ (Branch)

(Address) _____ (City-State) _____ (Zip)

(Routing/Transit Number) _____ (Account Number) Type of Acct: ___ Checking ___ Savings

This authority is to remain in full force and effect until BEAN BLOSSOM-PATRICKSBURG WATER CORPORATION has received written notification from me (or either of us) of its termination in such time and manner as to afford BEAN BLOSSOM-PATRICKSBURG WATER CORPORATION and the OWEN COUNTY STATE BANK a reasonable opportunity to act on it.

(print individual name)

(print individual name)

(print driver's license ID number)

(print driver's license ID number)

(print social security number)

(print social security number)

(Signature)

(Signature)

(Date)

**PLEASE ATTACH COPIES OF DRIVER LICENSE & VOIDED CHECK
TO THIS FORM**