

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

**Mt Zion Water Supply Corporation
PO Box 2034
Rockwall, TX 75087**

I (we) hereby authorize MT ZION WATER SUPPLY CORPORATION, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called BANK, and if necessary, initiate adjustments for any transactions debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws, regulations, and other rules that apply to ACH. This authorization should be clear and readily understandable.

I understand my account will be debited on the 5th of every month for services rendered and authorize said debits.

Fill in the bank information below

Name of Bank: _____ Checking Savings

Routing Number: _____ Account Number: _____

Name(s) on Bank Account: _____

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

Name: _____ Account #: _____

Service Address: _____

Signature: _____ Date: _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.