

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Effective Date _____

Name _____ Pendleton Account Number _____

I (We) herby authorize Pendleton Water Supply Corporation hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account or _____ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account on the 15th day of each month.* I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of the U.S. law.

Depository/Bank name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

***** A "VOID" CHECK MUST BE ATTACHED *****

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 as to afford COMPANY and DEPOSITORY a Reasonable opportunity to act on it.

Name(s) _____

Date _____ Signature _____

ID# _____ ID TYPE _____

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

TO CANCEL AUTOMATIC WITHDRAWAL

Signature _____ Effective Date _____

TO CHANGE BANKING INFORMATION

Depository/Bank name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Signature _____ Effective Date _____

* If the 15th falls on the weekend, then the debit will be made on the Friday before.