This form is provided for any CCWSC resident who would like monthly bill payments drafted from a checking account. If interested in participating in this program, please fill out, sign & return to us either by email or Drop box located at 180 Tanglewood Trail Ct., by the first of the month you wish for draft to be effective by.

Authorization Agreement For Automated Clearing House Transactions (ACH Debits)

ACH Authorization					
Individual /		CCWSC			
Company Name:		Individual Acct#:			

I (we) hereby authorize: Cypress Cove Water Supply Corp. hereinafter called CCWSC, to

initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank Information						
DEPOSITORY NAME:		Branch: (if applicable)				
City, State, ZIP:						
Transit/ABA No: ("Routing #")		Account #:				

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

Name(s): Please print	SSN:				
Signature(s):	Date:	_			
I (we) wish for this transaction to take place starting on:	The 10 th of the month	and to recur:			
once a month, other:	Maximum Draft amount: \$ If left blank the default will be \$100				
I (we) wish for CCWSC to debit exact billed amount OR	I (we) wish for CCWSC to debit \$	_			
CHECK ONE: I am not currently participating in the Automated Payment Program.					
	n the Automated Payment Program. ancial institutions and/or account number.				
Once you've made any changes, return	TAPE VOIDED CHECK HERE ded check not necessary, but recommended] this form to the office of Cypress Cove Water Sup ivation to be effective: <u>ccwsc@gvtc.com</u> in order j account for payment.				