AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH)

Please complete all information on the authorization form below:

_____

Name of Financial Institution Name on Checking/Savings Account

_____

City State Zip Code

_____

Bank Routing Number Checking/Savings Account
(As it appears on check)

*Originator Name will appear as Orange Co Water
**Account will be debited on due date of each month

I, _____, authorize Orange Co. W.C.I.D #1 to start debiting my account monthly as of _____(mm/dd/yyyy).

I,_____, authorize Orange Co. W.C.I.D #1 and the Financial Institution listed above to charge my checking/savings account for the balance due on my account. I understand this will occur each month on the designated due date** listed on the bill. I understand this authorization will remain in full force and effect until I (we) notify Orange Co. W.C.I.D #1 in writing that I (we) wish to revoke this authorization.

_____

Name (as shown on your bill) Customer# Location#

_____

Service Address City State Zip Code

_____

Telephone number

Signature _____ Date _____

*******ATTACH A VOIDED CHECK******

Your application cannot be processed without a voided check

A $30 NSF FEE WILL BE ASSESSED TO THE ACCOUNT IF DRAFT IS RETURNED