

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

COMPANY NAME: ORANGE COUNTY W.C.I.D. #1

I (we) hereby authorize Orange Co. W.C.I.D. #1, hereinafter call COMPANY, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

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

SERVICE ADDRESS: _____

PHONE NUMBER: _____

CUSTOMER # _____ LOCATION # _____

Name(s) on Account _____

Date _____ Signature _____

*PLEASE INCLUDE A VOIDED CHECK WITH THIS ACH FORM OR THE ACCOUNT WILL NOT BE DRAFTED.

***ACCOUNT WILL BE DEBITED ON THE DUE DATE OF EACH MONTH. DUE DATE IS THE THIRD WEDNESDAY OF THE MONTH**

IF ACH IS CANCELED, IT WILL GO IN EFFECT THE FOLLOWING MONTH THE CANCELLATION FORM IS RECEIVED.
A \$30 NSF FEE WILL BE ASSESSED TO THE ACCOUNT IF DRAFT IS RETURNED

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