DRIPPING SPRINGS WATER SUPPLY CORP.

ACH Enrollment Form

Authorization for Recurring Direct Payment

101 Hays Street, Suite 416, Dripping Springs, TX. 78620: 512-858-7897

OFFICE USE ONLY		
Account #		
Received	By	Date
Input	By	Date

CUSTOMER INFORMATION

Name of Account Holder

Email Address

Utility Service Address (house number and street name)

10-Digit Daytime Telephone Number

YES, I want Paperless Billing sent to my email address ☐

NO, I want my Billing mailed to my address ☐

In consideration for the goods, products and/or services provided to me by **DRIPPING SPRINGS WSC**, I hereby authorize **DRIPPING SPRINGS WSC** to debit entry into my CHECKING or SAVINGS Account as indicated below at the depository financial institution bank named below, herein after called **DEPOSITORY**. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION INFORMATION

Depository Bank Name:

City, State, ZIP:

Type of Account ☐ Checking ☐ Savings

ROUTING Number (9-Digit)

ACCOUNT Number

$ Maximum Amount

If blank, Default is $1,000

VARIABLE ☐

Effective Date

HOW TO SUBMIT

Please submit using one of the following delivery methods: Drop-off in person, US Mail, or by Fax @ 512-858-0607. For document security, using E-Mail is not recommended.

This authorization is to remain in full force and affect this transaction only, or until such time that my indebtedness to **DRIPPING SPRINGS WSC** for the listed amount is fully satisfied. The specific debit to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. I understand that the debit will be made within two (2) business days of the due date of each monthly bill for the balance amount shown on billing statements.

I may only revoke this authorization by contacting **DRIPPING SPRINGS WSC** directly at the address and phone number listed above, and only in the case that I return the good, product and/or service provided to me by **DRIPPING SPRINGS WSC** pursuant to their particular return policy in effect the date this authorization is granted.

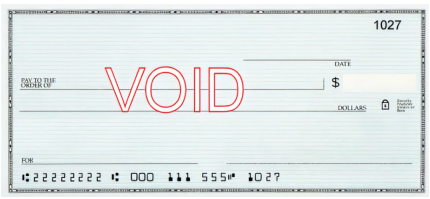
SIGNATURE SECTION

Account Holder's Printed Name

Account Holder's Signature

Date

Please attach a voided check to this form



P/RB/Forms