

HUDSON WATER SUPPLY CORP.

3032 TED TROUT DR.
LUFKIN, TEXAS
PH:(936)875-2146 FAX:(936)875-2274

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME : Hudson Water Supply Corporation

COMPANY ID _____

NUMBER: 936-875-2146

I (we) hereby authorize Hudson Water Supply, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account/_____ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same 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 its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ ID NUMBER _____
(Please Print/Type)

DATE _____ SIGNATURE _____

MAXIMUM DRAFT AMOUNT _____ HWSC ACCOUNT NUMBER _____

Notice: If your water bill is over the maximum draft amount HWSC will not draft your account.

PHONE NUMBER _____

If you are unsure about the numbers to enter above, please send us a voided check so that we can enter the correct information.