

Sandy Point 480 Water System Inc.

P.O. Box 397
Campti, LA 71411-0397

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

I (we) hereby authorize Sandy Point 480 Water System Inc. hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Checking Account Savings Account

BANK NAME _____

ROUTING NUMBER _____

ACCOUNT NO. _____

AMOUNT OF DEBIT(S) _____ AMOUNT DUE _____

START DATE _____

TERMINATION DATE _____ To be requested in writing _____

FREQUENCY OF DEBIT(S) _____ Monthly _____

Please attach a voided check from the account you wish to be debited.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY 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.

I hereby authorize Sandy Point 480 Water System, Inc. to debit my checking account on the 15th of each month. If the 15th falls on the weekend it will be drafted on the following Monday.

CONSUMER NAME (S) _____

(PLEASE PRINT)

SERVICE ADDRESS _____ SANDY POINT ACCOUNT # _____

(PLEASE PRINT)

SIGNED _____ DATE _____