

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

*NAME(S) OF ACCOUNT HOLDER _____

CUSTOMER ACCOUNT NUMBER _____

*Address _____

*Date _____

I (we) hereby authorize WEST SHELBY WATER DISTRICT, 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.

*DEPOSITORY NAME _____

BRANCH _____

*CITY _____

*STATE / ZIP _____

*TRANSIT / ABA NO. _____

*ACCOUNT NO. _____

This authority is to remain in full force and affect until COMPANY and DEPOSITORY have each 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 will receive prior written notice of the amount to be debited to my account which will allow me to stop payment of the debit entry by notifying the DEPOSITORY at least three days prior to the date the account is to be charged. I will send written notice of an erroneous charge to the account to the DEPOSITORY within 15 days of the issuance of the account statement or 45 days after the account was charged.

X

SIGNATURE _____

SIGNATURE _____

Just fill out the above Authorization, making sure all the information marked with * is completed. Then sign it at the X and return it, along with a voided check, to our office. You may also mail it to us at:

***Attn: Customer Accounts
West Shelby Water District
P.O. Box 39
Simpsonville, KY 40067***

All payment Authorizations received by the 22nd of the month will be made effective for the next billing.

Payment on your account will be made on the 5th day of the following month.