

Automatic Payment Plan

Authorization Agreement for Preauthorized Payments

Please Attach a Voided Check

I (we) hereby authorize Silver Creek Water Corporation, hereinafter called SCWC, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY. I understand that this could take up to two billing cycles to take effect.

Name of Bank/Depository _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

The name(s) listed below must be identical to the name on your SCWC account.

Print Name (1) _____

Signature (1) _____ Date _____

Print Name (2) _____

Signature (2) _____ Date _____

List SCWC Account Number (s) _____

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

Office Use Only

**Silver Creek Water Corporation
P O Box 102 * Sellersburg IN 47172
812-246-2889**

Entered On & By _____

Verified On & By _____