

# 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 \_\_\_\_\_