ph. 217-258-6711 email: <u>office@cwscil.com</u> clearwaterservicecorp.myruralwater.com



Never worry about a late payment!

DIRECT PAYMENTS (ACH DEBITS)

Authorization Agreement

I (we) hereby authorize Clear Water Service Corporation to debit entries to my (our) account indicated below and the Financial Institution named below, hereafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

| Financial Institution | |
|-----------------------|---|
| Bank Name | Type of AccountCheckingSavings |
| Routing Number | Account Number |
| | and effect until Clear Water Service Corporation has received written notification tion in such time and in such manner as to afford Clear Water and Financial act on it. |
| Name | Signature |
| (PLEASE PRINT) | |
| Email | |
| Service Address | Phone |
| Date | Clear Water Account # |
| • • • • | neck. After Direct Payments are set up your bill will read MEMO BILL-DO NOT PAY on the nt for your bill will automatically be withdrawn from your account on the 12 th of each |
| | ATTACH VOIDED CHECK HERE |
| To manage AutoPay | y yourself, please create a Customer Portal Account at https://cwscil.authoritypay.com |
| Q | Questions? Call or email the office at: |
| | (217) 258-6711 |
| | office@cwscil.com |