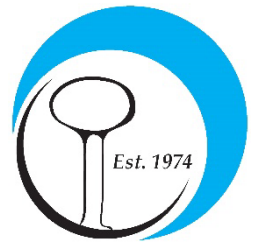


Clear Water Service Corporation

2020 N Co Rd 150 E Mattoon IL 61938

ph. 217-258-6711 email: office@cwscil.com
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 _____ City _____

Routing Number _____ Account Number _____

Type of Account _____ Checking _____ Savings

This authority is to remain in full force and effect until Clear Water Service Corporation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Clear Water and Financial Institution a reasonable opportunity to act on it.

Name _____ Signature _____
(PLEASE PRINT)

Name _____ Signature _____
(PLEASE PRINT)

Service Address _____ Phone _____

Date _____ Clear Water Account # _____

Please return with a photocopy or voided check. After Direct Payments are set up your bill will read MEMO BILL-DO NOT PAY on the right-hand portion of your bill. Your payment for your bill will automatically be withdrawn from your account on the 12th of each month.

ATTACH VOIDED CHECK HERE