

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize **COMMONWEALTH UTILITIES, INC.**, hereinafter called Company, to initiate debit entries to my account indicated below at the depository institution named below, hereinafter-called Depository, and to debit the same to such account. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of US law.

Customer Name: _____ Account or Lot#: _____

Subdivision: _____ Phone #: _____

Bank/Depository: _____ Checking _____ Savings _____

City, State, Zip: _____

Routing #: _____ Account #: _____

•Please attach a VOIDed check

This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company and Depository a reasonable opportunity to act on it. Anyone whose signature is required to withdraw funds from this account must sign below.

Name (*Print as appears on bill*): _____

Signature: _____ Date: _____

Signature: _____ Date: _____

All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified

- ✓ Withdrawals will be made on date payment is due. (*The 5th day of the month*)
- ✓ If payment is due on a weekend or holiday, Company will initiate a debit entry on the next business day.
- ✓ There will be a \$35.00 charge for insufficient funds.