**Frognot Water Supply Corp.**

408 W. FM 545, Suite 3

P.O. Box 400

Blue Ridge, TX 75424

**AUTHORIZATION AGREEMENT**

**FOR DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize FROGNOT WATER SUPPLY CORPORATION to initiate debit entries to transfer funds (on the first of every month) from my (our) *Select One:*

□ Checking Account □ Savings Account

Indicated below at the depository financial institution names below (“DEPOSITORY”). I (we) agree that ACH transactions authorized herein shall comply with all applicable U.S. laws:

Depository Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization shall remain in full force and effect until FROGNOT WATER SUPPLY CORPORATION has received notification from me (or either of us) of its termination (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_ Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTES:**

Written notification must be received in writing with date and signature to stop ACH payments ten days prior to payment processing date (1st day of each month. Send written notification (signed and dated) to:

**Frognot Water Supply Corp.**

P.O. Box 400

Blue Ridge, TX 75424

Please Attach Voided Check Here

Revised October 2011