

DIRECT PAYMENT AUTHORIZATION FORM

Here is how the direct payment plan works:

You authorize regularly scheduled payment to be made from your checking or saving account. Your payments will be made automatically on the 15th day of the month and proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. The Direct Payment Plan is dependable, convenient, and easy. To take advantage of the service, complete the attached authorization form and return it to us.

- 1) Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
- 2) Fill in your name, financial institution name, location, and date.
- 3) Attach a voided check for verification of all financial institution information.

Note: Be sure to sign the form!

Please complete the information below.

Date: _____

I, _____ authorize Neal's Water Conditioning Inc. to initiate electronic debit entries to my: _____ Checking Account (or) _____ Savings Account for payment of my Neal's Water Conditioning bill.

Address _____

Financial Institution Name (Please Print) _____
Account Number at Financial Institution _____
Financial Institution Routing Number _____
Financial Institution City and State _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U S law. This authority will remain in effect until I have cancelled it in writing.

Signature _____

Office Use Only
Neal's Account# _____ Account type _____ Next billing month _____

Date to begin ACH _____

Additional account comments _____
