

Automatic Payment Plan

Authorization Agreement for Preauthorized Payments

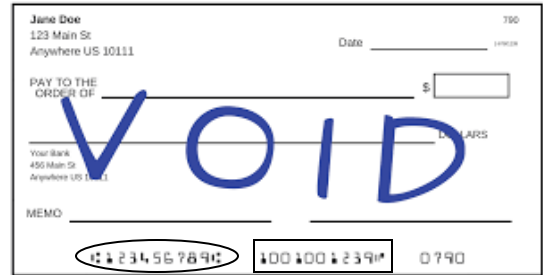
PLEASE ATTACH A VOIDED CHECK

I (we) hereby authorize Silver Creek Water Corporation, hereinafter called SCWC, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called BANK. **I understand that this could take up to two billing cycles to take effect.**

Name of Bank _____

Routing Number _____

Account Number _____



The name(s) listed below must be identical to the name on your SCWC account and imprinted on the voided check that is attached.

Print Name (1) _____

Signature (1) _____ Date _____

Print Name (2) _____

Signature (2) _____ Date _____

List SCWC Account Number (s) _____

This authorization is to remain in full force and effect until SCWC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SCWC and BANK a reasonable opportunity to act on it.

Silver Creek Water Corporation
8104 County Line Rd
Sellersburg IN 47172
812-246-2889

PLEASE HELP US UPDATE YOUR CONTACT INFORMATION

Primary Phone #: _____

Secondary Phone #: _____

Email Address: _____

Office Use Only

Entered On & By _____

Verified On & By _____