

# Automatic Payment Plan

Authorization Agreement for Preauthorized Payments

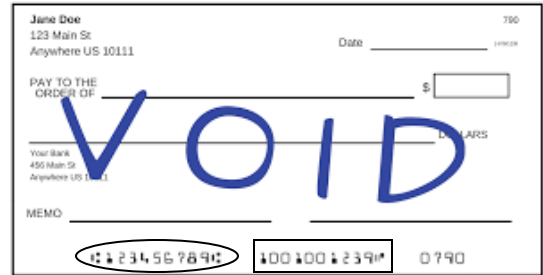
PLEASE ATTACH A VOIDED CHECK

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 \_\_\_\_\_