

Automatic Payment Plan

Authorization Agreement for Preauthorized Payments

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.

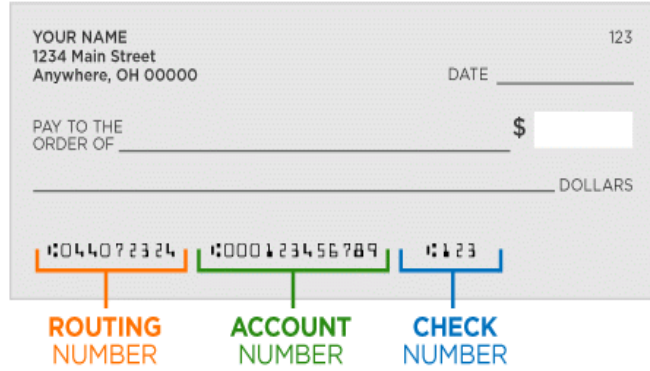
Please Print

Name of Bank _____

Routing Number _____

Account Number _____

Confirm Account Number _____



The name(s) listed below must be identical to the name on your Silver Creek Water Corporation account.

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.

If you would like to be signed up for paperless billing, please check the box below and list your email address

Paperless Billing

Email Address _____

Silver Creek Water Corporation

8104 County Line Rd

Sellersburg, IN 47172

812-246-2889

Office Use Only

Entered On & By _____

Verified On & By _____