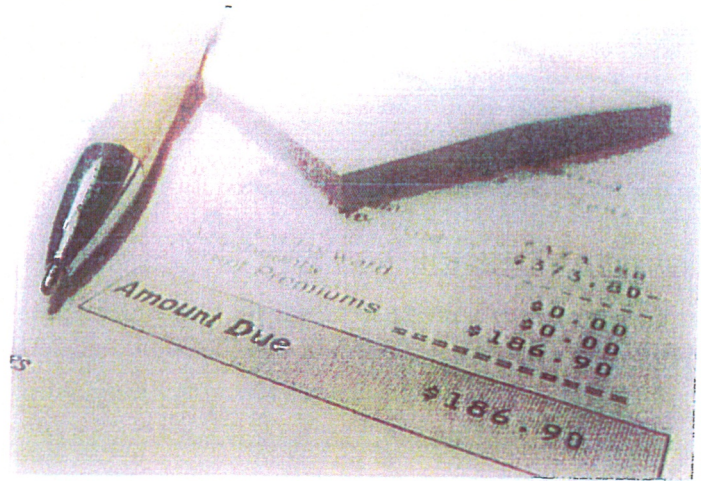


Tired of writing checks?

Sign up for Clark Rural Water System's Automatic Payment Plan

Clark Rural Water has a convenient, free Automatic Payment Plan to help you never forget to pay your water bill again. Your payment is automatically transferred from your checking or savings account each month, direct to Clark Rural Water. The transfer will happen on the 10th of each month, or the following business day.

Clark Rural Water's Automatic Payment Plan is designed to save you and us time and money. The plan is a safe, easy way to pay your water bill. The plan protects you from mail delays and keeps your good credit rating intact. You will still receive a bill so you know how much we will be deducting from your account.



Please call the office at 605-532-5201 if you have any questions about this method of payment.

Authorization for Automatic Payment

PLEASE ENROLL ME IN THE AUTOMATIC PAYMENT PLAN.

Name (as it appears on your bill): _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Your CRWS Customer Account No.: _____

Please designate bank or credit union you want to use to pay your monthly water bill. (Include branch, if applicable.)

Bank: _____ City & State: _____

Bank Routing Number: _____ Bank Account Number: _____

Check Options that Apply to Your Bank Account: ☐ Checking ☐ Savings ☐ Commercial Bank Account ☐ Non-Commercial Bank Account

Please indicate the date you want Auto Pay Plan to start: ____ / ____ / ____

PLEASE READ AND SIGN

I authorize Clark Rural Water System and the financial institution named above to initiate entries to my checking / savings account. I agree that each payment from my account shall be the same as if it were a check or withdrawal personally signed and authorized by me. This authority will remain in effect until I notify Clark Rural Water Systems in writing to cancel in such time as to afford the financial institution a reasonable opportunity to act.

I have read and agree to the terms of the Automatic Payment Plan.

Signature: _____ Date: ____ / ____ / ____

PLEASE RETURN THE ORIGINAL AGREEMENT ALONG WITH A VOIDED CHECK TO:

CLARK RURAL WATER SYSTEM, INC. | P.O. BOX 162 | CLARK, SD 57225