## DIRECT PAYMENT VIA ACH AUTHORIZATION

I authorize Hardy Water Works , hereinafter called "Company," to initiate debit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to debit the same account acknowledge that the origination of ACH transactions to my account must comply with U.S. law.				
	and the origination of AOT trains			
Account De	tails			
Financial Institu	ution Name:			
City:		State:		
Routing Number	er:Accol	unt Number:	Type of Acct:	Checking Savings
Payment De				
O Fixed i	Payment			
Dollar A	Amount: \$:			
Freque	ncy: ODaily OWeekly OMon	thly OPer Statement I	Due Date	
◯ Variabl	e Payment			
Amoun	t shown due on Invoice or Stateme	ent		
This authorizat account signer request.	tion is to remain in full force and ef	fect until Company has and manner as to afford	received written notification I the Company a reasonab	from me (or any authorized le opportunity to act on the
Print Individual	Name:	Signature:		
	umber, if applicable:			
	ed, attach a copy of a voided che			