



Recurring Electronic Payment Authorization Form

AUTHORIZATION AGREEMENT FOR ACH Payments

For the purpose of paying (my/our) monthly water bill (I/we) do hereby authorize Hiland Water Corp hereinafter named the COMPANY, to initiate recurring debit entries to (my/our) (Checking Account / Savings Account) as indicated and named below as the depository financial institution, hereafter named FINANCIAL INSTITUTION. (I/we) acknowledge that the origination of ACH transactions to my (my/our) account must comply with the provisions of U.S. law. Furthermore, if any such debit(s) should be returned NSF, (I/we) authorize the COMPANY to collect such debit(s) by electronic debit and subsequently collect a returned debit NSF fee of \$25.00 per item by electronic debit from my account identified below.

I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidenced by my signature below.

Financial Institution Name: _____ Branch: _____

Address: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Acct. Number: _____

Type of Account Checking Savings

Payment Amount: (varying amount – as determined by billing period)

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

Account Holder: _____

Hiland Account #: _____ Phone Number: (____) _____ - _____

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

Signature: _____ Date: _____

Please Attach a Voided Check (NOT a Deposit Slip) From the Account to be Debited

Please mail completed form to:

Hiland Water Corp.

P.O. Box 699

Newberg, OR 97132

Office Use Only:

Received By: _____ Date Received: _____

Entered By: _____ Date Entered: _____

