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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name **RPM Water Supply Corporation** Company ID Number **1498894**

I (we) hereby authorize **RPM Water Supply Corporation** hereinafter called COMPANY, to initiate debit entries to my (our)

Checking Account / Savings Account

Indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

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

Name(S) _____ ID Number _____

Email Address _____

Date _____ Signature _____

**NOTE: ONLY NOTIFYING THE COMPANY IN THE MANNER SPECIFIED
IN THE AUTHORIZATION MAY REVOKE THIS AUTHORIZATION.**

PLEASE ATTACH A COPY OF A CANCELED CHECK