AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

$\overline{\mathrm{DA}}$	TE	E SIGNATURE		SIGNATURE		
NAME(S) ON ACCOUNT (PLEASE PRINT			(NT)	CUSTOMER I.D.NUMBER		
rec	eived notification f	nain in full force an rom me (or either or RWA and Depositor	fus) of its termin	nation in such tim	e and in such	
ROUTING NUMBER			£	ACCOUNT NUMBER		
	•			u.		
FI	NANCIAL INSTIT	UTION NAME	CITY	STATE	ZIP CODE	
Ac the	ecount indicated be e same to such acco	low and the deposite unt.	ory financial inst	itution named bel	ow, to debit	
() Checking	(Savings)	(Select one)			
en en	we) hereby authorn tries to my (our)	ze MOOREVILLE	RICHMOND W	ATER ASSN. to	initiate debit	