POLONIA WATER SUPPLY CORP.

ENROLLMENT FORM
FOR PRE-AUTHORIZED PAYMENTS

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBIT)

I (we) hereby authorize Polonia Water Supply to initiate electronic Debit/Credit entries charge against my (our) account indicated below.

This authority is to remain in force and effect until the schedule of payments is completed or until Polonia has received written notification from me (or either of us) of its termination in such time and such manner as to afford Polonia Water Supply a reasonable opportunity to act on it.

If payment is due on a Saturday or Sunday or a scheduled bank holiday, Polonia Water Supply will initiate a Debit on your account on the next business day.

Date payment to be drafted: 15th

NAME (PLEASE PRINT) _____

SIGNATURE _____ DATE _____

FINANCIAL INSTITUTION _____

CHECKING ACCOUNT NUMBER _____

BRANCH _____

TRANSIT ROUTING NUMBER _____

CITY _____ STATE _____ ZIP _____

POLONIA WSC ACCOUNT # _____

- **ATTACH A CHECK MARKED "VOID" TO ORIGINAL COPY.**