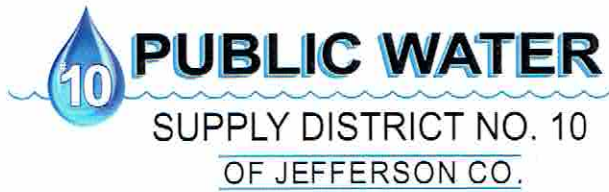


BOARD OF DIRECTORS

BOB MORROW, President
MICHAEL PRICE, Vice President
WILLIAM TODD, Director
CHARLES HUEY, Director
JUDY HORNE, Treasurer



KEITH FLAMM
Manager

Mailing: P.O. BOX 910, Imperial, MO 63052
Office: 4215 Jeffco Blvd., Arnold, MO 63010
Phone: (636) 467-6868 or (636) 464-8093 • Fax: (636) 464-3897
Website: pwsd10.com • E-mail: pwsdtenjc@gmail.com

Recurring ACH Bank Draft Form

We are pleased to offer you a new service- the Recurring ACH Bank Draft. Now you can have your payment deducted automatically from your checking or savings account. Your payments will be made automatically on the due date for the water bill each month. The due date will vary based on the first few business days of the month and when we mail the bills. Usually, the due date is between the 19th and the 21st, but could be later depending on the billing dates. The due date is never scheduled on a day that the office is closed.

The authority you give Public Water Supply District No. 10 to charge your account will remain in effect until the account holder notifies us with a signed letter to terminate the authorization no less than three business days before the due date of the water bill. The charge for the water bill can change from month to month depending on usage, leaks, running toilets, damage to equipment, etc. Your monthly bill is available on the customer portal on our website the same day that we mail the monthly bills, which is within the first few business days of the month. Our office can also email the bill to the account holder on the day we mail the bill with a separate e-bill application.

Account holders can complete this form, attach a voided check for verification of all financial institution information, and a copy of their valid driver or non-driver license. Be sure all information is correct and legible.

I (we) hereby authorize Public Water Supply District No. 10 to initiate electronic debit entries to my checking or savings account for payment of my water bill. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing no less than three business days before the due date of the water bill.

Public Water Supply District NO. 10 Account #(s) _____

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

____ Savings Account or ____ Checking Account

Signature _____ Date _____