

Old Saline Water System, Inc.

PO BOX 67

OFFICE: 318-702-7155

Saline, LA 71070

www.oldsaline.myruralwater.com

Tired of late fees or reconnect fees? Tired of buying stamps? Old Saline Water System, Inc. cordially invites you to join our safe and convenient automatic withdrawal program (ACH payments) which automatically transfers your water bill payment from your bank to Old Saline Water System, Inc. each month when your payment is due. You will still receive your monthly water bill and your payment will be drafted on the 12th of each month (three days before the late fee applies). This will allow enough time between when the bill is mailed, and the payment is drafted if you have any questions about your bill.

To sign up please complete the form and mail it back to Old Saline Water System, Inc., PO Box 67, Saline, LA 71070. Please also include a voided check from the account in which you desire the payment to be drafted. Please update your bank account with the correct account number to ensure proper payment.

AUTHORIZATION AGREEMENT FOR OLD SALINE WATER SYSTEM ACH PAYMENTS

I (we) authorize and request Old Saline Water System, Inc. to initiate electronic debit entries (ACH payments) to charge my (our) bank account indicated below in the financial institution named below ("BANK"). I (we) authorize and request BANK to honor the debit entries initiated by Old Saline Water System, Inc. and debit these charges to that account. This authorization relates to all payments required on my (our) Old Saline Water System, Inc. water account indicated below. This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must notify Old Saline Water System, Inc. and BANK in writing far enough in advance to give Old Saline Water System, Inc. and BANK a reasonable opportunity to act.

Old Saline Water System Customer Name: _____

Old Saline Water System Nine Digit Account Number(s): _____

Financial Institution Name: _____

ABA Routing Number: _____

Bank Account Number: _____

Please check one: Checking: _____ Savings: _____

Please attach a voided check or deposit slip from the account you are wanting drafted.

Name(s) on Bank Account: _____

Customer Signature: _____ Date: _____

Signature of anyone else who authorization is required to withdraw funds from this account:

_____ Date: _____

Phone Number: _____

Note: Payments will begin when your next water payment is due. If the 17th falls on a weekend or holiday, the funds will be withdrawn on the first business day after the weekend or holiday.

*This institution is an equal opportunity employer.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights,

1400 Independence Ave, SW, Washington DC 20250-9410, or call (800) 795-3272 or (202) 720-6382 (TDD).