

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH DEBITS)**

**Company Name** Alabama Wastewater Systems, LLC.  
851 Aviation Parkway  
Smyrna, TN 37167

**Company ID Number** \_\_\_\_\_

I (we) hereby authorize Alabama Wastewater Systems, hereinafter called COMPANY, to initiate debit entries to my (our)  Checking Account /  Savings Account (select one) 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 the U.S. law.

**Depository Name** \_\_\_\_\_ **Branch** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Routing Number** \_\_\_\_\_ (9 Digits) **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)** \_\_\_\_\_ **Individual ID Number** \_\_\_\_\_  
(To Be Completed by Company)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: Please attach a VOIDED CHECK if a checking account will be debited.**

**Attach check here**