HARDINVILLE WATER COMPANY

P.O. Box 164

Robinson, IL 62454

Phone 618-557-3556, Cell 618-562 3446, Fax 618-557-3555

This institution is an equal opportunity provider and employer

02-13-2024

RE: Auto-Bill Payment

Dear Customer:

We are now offering Auto-Bill Pay. Enclosed you will find a form to fill out and return to the company should you decide to participate in this program. To get set up on this form of payment you need to fill out the enclosed form including your bank account number and bank routing number and return it to our office, along with a **voided** check, using the enclosed self-addressed stamped envelope. Please note that we can only debit Checking or Savings accounts.

If you choose to enroll you will still receive a bill around the $5^{\rm th}$ of each month, as you do now, and then the company will debit your account for the amount due around the $21^{\rm st}$ of each month.

Please keep paying your bill as you always have until you see a note printed on the bottom of your bill that reads "THIS ACCOUNT IS SET-UP ON AUTO BILL PAY". Once you see this note printed on your bill then you will know that the company is going to debit your listed account around the $21^{\rm st}$ of the month and no other form of payment will be required.

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If you have any additional questions, please feel free to call the office.

Sincerely,

HARDINVILLE WATER COMPANY

Ethan Mendenhall Manager

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

HWC Customer Account Number
Customer Name
Customer City, State, Zip
Customer email
Company Name HARDINVILLE WATER COMPANY
Company Address PO BOX 164
Company City, State, Zip ROBINSON IL 62454
Company ID 17201har
I(we) hereby authorize Hardinville Water Company, (hereinafter referred to as the Company) to initiate debit entries to the account identified below at:
Bank Name: First Financial Bank (hereinafter referred to as DFI) and authorize the DFI to post such credits to my (our) listed account.
Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments will be made electronically and under the Rules of the Indiana Exchange, INC. Automated Clearing House Association (INDEX) and National Automated Clearing House Association (NACHA). The authorization will remain in effect until written notice of termination is given the Company in such time and manner as to afford the Company a reasonable opportunity to act on it. I(we) acknowledge receipt of a completed copy of Authorization.
Customer Information Name of Bank
Address of Bank
Bank Routing & Transit/ABA No. _ _ _ _
Account No. To Debit
Type of AccountCheckingSavings
Signature of Authorizing Party
Signature of Authorizing Party

PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION

TO CANCEL WRITE TO THE COMPANY AT THE COMPANY ADDRESS ABOVE