We are pleased to offer you a Direct Payment Plan service. You may pay directly from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan
will help you in several ways:

- ✓ it saves time - fewer checks to write
- ✓ helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town
- ✓ no lost or misplaced statements, your payment is always on time - it helps maintain good credit
- ✓ it saves postage
- ✓ it's easy to sign up for, easy to cancel
- ✓ no late charges

Here's how the Direct Payment Plan works:

You authorize your monthly water bill to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically up to 3 business days prior to the due date. Proof of payment will appear on your bank statement as well as on your next monthly bill.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this

AUTHORIZATION FOR DIRECT PAYMENT D & M Water Supply: D & M account #_____

I authorize D & M WATER SUPPLY CORPORATION to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.
***ENCLOSE A VOIDED CHECK** FOR ACCOUNT VERIFICATION*

_____
(NAME OF FINANCIAL INSTITUTION) (BRANCH)

_____ _____
(CITY) (STATE) (ZIP CODE)

_____ _____
(SIGNATURE) (DATE)

_____
(CUSTOMER NAME - PLEASE PRINT)

_____
(ADDRESS - PLEASE PRINT)

_____
(PHONE NUMBER)

☐ Checking or ☐ Savings

TRANSIT ROUTING NUMBER

⑆ | | | | | | | | | | ⑆
ABA

ACCOUNT NUMBER INFORMATION

| | | | | | | | | | | | | | | | | | |

☐ ***OPTIONAL Please include $1.00 donation for my local VFD in the monthly bank draft.**

RETAIN FOR YOUR RECORDS

On _____ I authorized **D & M WATER SUPPLY CORPORATION, P.O. BOX 9 DOUGLASS, TX 75943, 936-559-9900** to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you by writing to the address above within 5 business days of scheduled draft. **Regular payment date is the 10th of each month.**

D & M WSC is an equal opportunity provider and employer.