Madera Valley Water 18454 Road 26 Madera, CA 93638 Office 559-674-2407 Fax 559-674-3633 E-mail: maderavalleywater@mvwc.net

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

Company Name: MADERA VALLEY WATER COMPANY

I (we) hereby authorize MADERA VALLEY WATER, hereinafter called COMPANY, to initiate debit and, if necessary, credit entries and adjustments for any debit entries in error from my (our): (select one) _____Checking Account or ____Savings Account indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Debits will occur on the 5th of each month.

Financial Institution		Branch	
City	State	Zip	
Routing Number		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 Financial Institution a reasonable opportunity to act on it.

Name(s)	Acct #
Service Address	
Signature(s)	Date
	Date