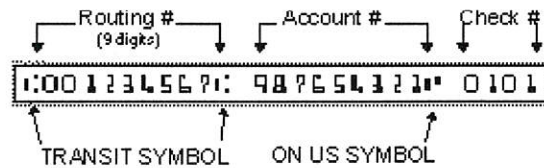


## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)



I (we) hereby authorize West Branch Regional Authority, 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 U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_



\* Payments will be debited from your account on the 15<sup>th</sup> of each month. If the 15<sup>th</sup> falls on a Holiday or Weekend, the payment will be deducted the next business day.

\*\* 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 (10 days prior to due date).

Name(s) \_\_\_\_\_ West Branch Acct # \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Phone #: \_\_\_\_\_

(Please attach a voided check if withdrawals will be made from a checking account.)