

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
ACH DEBITS
DECATUR COUNTY RURAL WATER CORPORATION
35-1364063**

I (we) hereby authorize Decatur County Rural Water Corporation, 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.

Name of Depository: _____

City, State and Zip Code: _____

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 Depository a reasonable opportunity to act on it.

Customer Name: _____

SSN: _____

Date: _____

Signature: _____

Note: all written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.