

San Miguelito Mutual Water Company

P.O. Box 2120 | Avila Beach | California | 93424 | 805.595.2348

Bank Drafting Authorization Agreement

I, the undersigned recipient of San Miguelito Mutual Water Company ("SMMWC") services, by executing this Bank Drafting Authorization Agreement (the "Agreement") and upon the Effective Date indicated below, hereby acknowledge, consent and authorize SMMWC to instruct my Financial Institution to make automatic payments for water or other service charges levied by SMMWC pursuant to its Bylaws ("Payments") from the account (the "Account") as described herein. I understand that Payments shall be deducted on the 15th of every month for the previous billing cycle and that if the 15th falls on a weekend or holiday, such deduction shall take place on the next business day.

I represent and warrant that the necessary funds will be deposited in the Account to cover the Payments. I understand and acknowledge that in the event that there are insufficient funds in the Account to cover any of the Payments, a twenty-five dollar (\$25.00) fee shall be applied prior to SMMWC re-drafting the Account. Upon receipt of any notice of insufficient funds, I shall immediately deposit the necessary amounts to cover the utility Payment, the \$25.00 fee, and any additional applicable interest and charges imposed by SMMWC.

I understand that I control the Payments, and that if at any time I decide to discontinue this payment service, I will notify SMMWC, in writing, at least thirty (30) days prior to discontinuance of this Agreement.

I ACKNOWLEDGE AND CONSENT TO THE FOLLOWING RESERVATION OF RIGHTS: SMMWC reserves the right to terminate water services pursuant to Article IV, section 14 of the SMMWC Bylaws. The parties understand that the bank drafting service described in this Agreement is solely for the convenience of the parties in terms of making the Payments. SMMWC, in its sole discretion, reserves the right to refuse and/or terminate this service. In no way whatsoever does this Agreement relieve or otherwise modify the undersigned's obligations under the SMMWC Bylaws or relieve or otherwise modify the undersigned's obligations to make Payments.

Effective Date: _____

SMMWC SERVICE INFORMATION

Account in the name of:
Service Address:
Phone Number:
SMMWC Account Number:

ACCOUNT INFORMATION

Financial Institution Name:
Routing Number (if applicable):
Account Number:

Checking [] Savings []

- For checking account withdrawal, please attach a **VOIDED** check to this form.
- For savings & on-line checking account, please include verification of routing number and account number from Financial Institution.

APPROVAL & SIGNATURE

I have fully read the foregoing and agree with the contents contained therein.

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Return completed form and appropriate documentation to the SMMWC office by the 10th of the month. Initial transaction will be to verify account information only. Therefore, the first payment withdrawal will begin the following month on the 15th. If you have any questions as to when the first transaction is to be effective, please call the SMMWC office at 805.595.2348

ORIGINAL SIGNATURES ONLY PLEASE