

DIRECT PAYMENT AUTHORIZATION**One Account**

I (we) hereby authorize Total Water Management (on behalf of Highland WSC), hereinafter called "COMPANY", to initiate debit entries and, if necessary, credit correction and adjustment entries to my (our) account at the financial institution listed below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws and regulations.

Depository

Name: _____ Branch: _____

Address: _____ City: _____ State: _____ Zip: _____

Routing &

Transit Number: _____ Account

Number: _____

Account Type: ☐ Checking/Draft☐ Savings/Share

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 a time and manner as to afford COMPANY and DEPOSITORY a reasonable time to act upon it.

Name(s): _____ Water Account Number: _____
(Please Print)

Date: _____ Signature(s): _____

Please attach a voided check or financial institution account verification letter to this form.

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