RURAL WATER DISTRICT NO. 4 5781 W 480 PRYOR, OK 74361 (918) 825-4661

AGREEMENT FOR AUTOMATIC BANK DRAFT PAYMENTS

I hereby request and authorize Rural Water District No. 4, Mayes County, to initiate automatic bank drafts from my checking account to make monthly payments on my water bills.

I hereby acknowledge that (if this is a joint account) each of us will be jointly and individually responsible for our obligations under this agreement. Notice to one of us will be considered to be notice to the both of us.

I hereby acknowledge that a fee of \$50.00 will be applied to my account for any payment that are not honored by my bank. (If your bank does not honor the payment, the payment will be reversed from your Rural Water District No. 4 account and you will need to send a replacement payment).

I hereby acknowledge that payments will be automatically withdrawn from my checking account on the last Monday of each month. (If the scheduled Monday falls on a holiday, payments will be withdrawn on Tuesday).

I hereby acknowledge that I can terminate the withdrawals by giving Rural Water District No. 4, at least 5 business days prior to the next scheduled payment date.

I hereby acknowledge that I will notify Rural Water District No. 4, of any change of my address or phone number/numbers.

I hereby acknowledge that if I change financial institutions, I will contact Rural Water District No. 4, 5 business days before the next scheduled payment date.

I hereby acknowledge that in the event of a water leak, full payment will be withdrawn from my checking account. I understate it is my responsibility to watch and check for leaks. I understand it is also my responsibility to fix them in a timely manner.

I hereby acknowledge that withdrawals will not start until I return this agreement back to Rural Water District No. 4.

| | Tap No |
|-----------------|--------------------|
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| | |
| Date | Customer Signature |
| | Print Name |
| Bank Name | |
| | Customer Signature |
| Bank Address | fi |
| | Print Name |
| Bank Routing # | |
| | Mailing address |
| Checking Acct # | |
| | v. |
| | City, State, Zip |
| | |
| | |
| | Phone# |

ATTACH VOIDED CHECK BELOW