

ABT WATER TREATMENT, INC.

Residents

VENDOR PAYMENT AUTHORIZATION FORM

We hereby authorize **ABT WATER TREATMENT INC.** hereinafter called COMPANY, to initiate debit entries for payments from the account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account, and if necessary, credit entries and adjustments for any debit entries in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Bank/Financial Institution

Branch

City/State

Zip

Routing Number

Checking Account Number

This authority is to remain in full force and effect until COMPANY has received written notification from us (resident) of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Resident Name

Resident ID# (ABT)

By: _____
Resident Signature

Community Name

Date

Attach
a copy
of voided
check.

Note: A copy of this completed authorization must be given to the authorized signer/resident.