

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

I hereby authorize Waterman C initiate debit entries and to initia any debit entries in error to my one) indicated below. The COI that is reflected as Balance Du	ate, if necessary, credit of the court of th	entries and adjustments for Savings account (selec n such account the amoun
DEPOSITORY		
NAME	BRANCH	
CITY	STATE	ZIP
TRANSIT/ABA NO	ACCOUNT I	NO
This authority 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. NAME(S)		
	(Please Print)	
DATE	SIGNED	
	SIGNED	

ATTACH A VOIDED CHECK OR ELECTRONIC VOIDED CHECK

If you have any questions, please feel free to contact our accounting office at 352-383-0051, ext. 238 or our Marketing office at ext. 330.