

**ARMSTRONG WATER SUPPLY CORPORATION  
EXTERNAL EXCHANGE ACCOUNT TRANSFER AUTHORIZATION FORM**

**AUTHORIZATION AGREEMENT FOR EXTERNAL TRANSFERS**

Name \_\_\_\_\_ Company/User Login ID: \_\_\_\_\_

I (we) hereby authorize Armstrong Water Supply Corporation (AWSC) to initiate ACH debit entries to the Checking or Savings Account(s) at the Depositor/Institution name below. I certify that I am the owner or an authorized signer on these accounts and have unlimited withdrawal or deposit rights on the depository's records. I (we) acknowledge that the origination of ACH transactions to this account must comply with the provisions of the law. These debits will be for the transfer of funds between AWSC and the accounts I maintain at other financial institutions. I will notify the bank if these accounts are closed or my withdrawal rights are limited or removed. The intent is to have these transfers deposited in to a AWSC account maintained at Horizon Bank, SSB.

Type of Request: \_\_\_\_\_ Transfer From (ACH Debits)

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact information for inquiries regarding this authorization

Primary Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Email Address for Authorized Representative: \_\_\_\_\_

***Fax signed authorization to 254-657-9531***