

Automatic Bank Draft Program

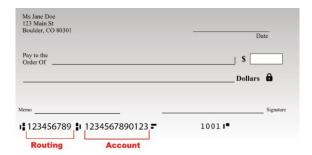
Automatic payment from your checking or savings account assures your bill is paid in full and on time every month, even if you are out of town. This convenient, efficient, and cost-effective process is offered by Bestgen Addition Water, LLC (BAW).

How do I begin the process?

To become an automatic payment customer, two items are required: 1) Complete the Automatic Bank Draft Form on the next page and 2) Send form to:

Bestgen Addition Water, LLC

C/O 5310 Ebony Place Piedmont, SD 57769



When will my payment be withdrawn from my account?

Please continue to pay your bill as normal until your bill states "Automatic Payment-Processed 20th - 25th of each month". After enrollment in the program, the exact amount of your bill will be withdrawn from your account. Automatic payment dates must correspond with the business days of the financial institutions so a 5-day window is necessary.

What happens if I have questions about my bill?

If you have a question about your bill, please email sagewaterworks100@gmail.com or call Marilee, Biller, at 605-431-2006

What happens if there is not enough money in my account?

The automatic payment will be presented to your financial institution once for processing. If your financial institution does not pay the automatic payment request because of insufficient funds and returns it to BAW's financial institution, your account will be charged an insufficient funds fee according to the BAW's rate/fee schedule and processed in the same manner as an insufficient funds check.

How do I cancel my participation?

If you decide to discontinue participation in the automatic bank draft program, email sagewaterworks100@gmail.com, or by calling Marilee at 605-431-2006.



Automatic Bank Draft Program

Please complete the following	g information:		
Customer Name: (billing account) _			
Water Service Address:		Lot #	
Bank Name:	City	State	
Name(s) on the Bank Account*			
Checking □ Savings □			
Bank Routing Number:			_
Bank Account Number:			
associated charges as appropriate basis. I further understand that this longer desires this service, allowing corrections to my account are nece to insufficient funds in my account insufficient funds check, and that I	(f) is authorized to debit my checking on or up to 5 days prior to the more authorization is in effect until BAW g BAW reasonable time to act upon essary, they will be reflected on the will be processed by my financial in may be charged insufficient funds fable. The effective date of this authorized in the second control of the	othly due date of my act is notified that I or an my notification. I also next billing. I understartistitution and BAW in thees by both. I understa	authorized person no understand that if no that non-payment due ne same manner as an and that this authorization
Signature*	Date		

*person shown on bank account