

HARDINVILLE WATER COMPANY

P.O. Box 164

Robinson, IL 62454

Phone 618-557-3556, Cell 618-562 3446, Fax 618-557-3555

This institution is an equal opportunity provider and employer.

DATE

RE: New Service

It is our understanding that you wish to have a water service installed at _____.

Enclosed you will find a user contract and a race and ethnicity data collection form. The cost to install the water service at this location will be \$1,850.00.

We also require that you provide the company with a copy of your **deed** showing property ownership. All water services must be set on property owned by the applicant applying for water service.

Please fill out the enclosed user contract using your 911 address.

Once you have the user contract, the data collection form filled out, and a copy of your **deed**, please return all documents along with a check for \$1,850.00 to the Water Company at the above address.

Please call if you have any questions.

Sincerely,

HARDINVILLE WATER COMPANY

Ethan Mendenhall
Manager

Hardinville Water Company
User Contract

This agreement is entered into this _____ day of _____, 20__ by
and between Hardinville Water Company (HWC)
and _____ (User).

User has requested that the HWC provide water service to the User's
Residence at _____, and HWC has agreed to
provide such service with the following terms:

1. User shall purchase water at the following rates:
Minimum (including 1,000 gallons) = \$20.00 per month
Each additional 1,000 gallon = \$ 9.00 per month
Note: Rates are subject to change
2. The minimum monthly charge of \$20.00 shall be paid by the User whether the User actually uses any water or not, for as long as User owns the property. Owners of rental property shall be responsible for unoccupied property bills.
3. Cross Connections between the HWC water system and any other water system is strictly prohibited.
4. The HWC shall, at any time, inspect the Users system to determine the Users water system is connected properly. If Users system is determined to be connected improperly then HWC shall immediately terminate the Users service until the User corrects the deficiency.
5. User shall receive monthly bills. The date that payment is due shall be indicated on the bill. Payment received after the due date shall be subject to a 10% late charge. Unpaid bills shall constitute a lien on the Users real estate and legal action shall be pursued to collect all delinquent charges.
6. User agrees to abide by the HWC Rules, Rates and Regulations, Corporation By-Laws and all other policies as adopted and revised by the Board of Directors.
7. **The I.E.P.A. and H.W.C. require that only one household shall be connected to any meter.** HWC shall inspect the Users system to determine if any and all requirements are being satisfied.

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Bills may be paid by Check or Money Order only at the following locations:

- a. Drop box, First Financial Bank, Robinson, IL
- b. By Mail to : Hardinville Water Company
c/o First Financial Bank
P.O. Box 716
Robinson, IL 62454

HARDINVILLE WATER COMPANY

User _____
Signature

Mailing Address _____

Phone _____

RACE AND ETHNICITY DATA COLLECTION

Title VI of the Civil Rights Act of 1964 requires “Race and Ethnic” data collection from beneficiaries of federally assisted programs. Please note “Disclosure Clause” below:

“The following information is requested by the federal government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, Management is required to note race/ethnicity on the basis of visual observation or surname”.

If you do not wish to provide the information, please check the box below:

I do not wish to furnish this information.

Ethnicity: (Mark only one)

Hispanic or Latino

No Hispanic or Latino

Race: (Mark one or more)

American Indian/Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Gender:

Male Female

Information provided by Management.

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RE: Auto-Bill Payment

Dear Customer:

We are now offering Auto-Bill Pay. Enclosed you will find a form to fill out and return to the company should you decide to participate in this program. To get set up on this form of payment you need to fill out the enclosed form including your bank account number and bank routing number and return it to our office, along with a **voided** check, using the enclosed self-addressed stamped envelope. Please note that we can only debit Checking or Savings accounts.

If you choose to enroll you will still receive a bill around the 5th of each month, as you do now, and then the company will debit your account for the amount due around the 21st of each month.

Please keep paying your bill as you always have until you see a note printed on the bottom of your bill that reads "**THIS ACCOUNT IS SET-UP ON AUTO BILL PAY**". Once you see this note printed on your bill then you will know that the company is going to debit your listed account around the 21st of the month and no other form of payment will be required.

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If you have any additional questions, please feel free to call the office.

Sincerely,

HARDINVILLE WATER COMPANY

Michael T. Birch
Manager

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

HWC Customer Account Number _____

Customer Name _____

Customer City, State, Zip _____

Customer email _____

Company Name **HARDINVILLE WATER COMPANY**

Company Address **PO BOX 164**

Company City, State, Zip **ROBINSON IL 62454**

Company ID **17201har**

I(we) hereby authorize Hardinville Water Company, (hereinafter referred to as the Company) to initiate debit entries to the account identified below at:

Bank Name: First Financial Bank (hereinafter referred to as DFI) and authorize the DFI to post such credits to my (our) listed account.

Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments will be made electronically and under the Rules of the Indiana Exchange, INC. Automated Clearing House Association (INDEX) and National Automated Clearing House Association (NACHA). The authorization will remain in effect until written notice of termination is given the Company in such time and manner as to afford the Company a reasonable opportunity to act on it. I(we) acknowledge receipt of a completed copy of Authorization.

Customer Information

Name of Bank _____

Address of Bank _____

Bank Routing & Transit/ABA No. |_|_|_|_|_|_|_|_|_|_|

Account No. To Debit _____

Type of Account ___Checking ___Savings

Signature of Authorizing Party _____

Signature of Authorizing Party _____

PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION

TO CANCEL WRITE TO THE COMPANY AT THE COMPANY ADDRESS ABOVE