Environmental Systems Service, Ltd (ESS) subsidiary of

Your water utility company serving the communities of

lairmont Mano Fairview Estates Fairview Acres Rotherwood I &

123 W. Spencer Street or 218 N. Main Street P.O. Box 520

Commonwealth Utilities, Inc. Rate Schedule

Monthly Consumption

0 - 100 gallons

100 gallons and up

Water Rate

\$ 35.00 minimum fee

\$ 0.51 per 100 gallons

Commonwealth Utilities, Inc. does not provide a discount for early payment. If you dispute any aspect of a bill and want to avoid additional charges and/or collection actions, you must call the billing office at 540-825-2781 at least five days prior to the due date of this bill. If the total due is NOT PAID BY THE DUE DATE, a \$1.00 or one & a half (1 1/2%) fee, will be added to your balance due, which ever is greater. Bills are due on the 5th of each the month. If the account balance is NOT PAID IN FULL 10 DAYS AFTER THE DUE DATE, a service order to DISCONNECTED WITHOUT FURTHER NOTICE will be entered. Once a service notice to disconnect or cut-off by reason of non-payment has been processed, a reconnection fee (\$200.00) shall be added. ALL CHARGES APPLY ONCE THE SERVICE NOTICE TO DISCONNECT HAS BEEN PROCESSED. The service does not have to be physically disconnected for the charges to apply. Disconnected services shall not be turned on until all fees and bill amounts are paid in full. Payments received prior to 3:30 p.m. on a business day shall be reconnected that same day. After hours services may be available for an additional fee

This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company and Depository a reasonable opportunity to act on it. Anyone whose signature is required to withdraw funds from this account or credit card owner must sign below.

Name (Frint as appears on bill): Signature: _____ Date: _____ _____ Date: _____

All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified

- Withdrawals will be made on date payment is due. (The 5th day of the month)
- If payment is due on a weekend or holiday, Company will initiate a debit entry on the next business day.
- There will be a \$35.00 charge for insufficient funds.

Welcome to the neighborhood!

As a new member of the community in which you have relocated, you may have some questions regarding your community well and the water service provided. Commonwealth Utilities, Inc. (CU) is a subsidiary of Environmental Systems Service, Ltd. (ESS). This brochure is designed to provide some basic information.

Water Quality

The community well water is routinely tested for bacteria on a monthly basis and several other parameters in compliance with guideline set forth by the Commonwealth of Virginia These results are sent to you in an Annual Water Quality Report.

Payment Options

change as established and set by please fill out the attached form automatic For Paypal please visit Commondirect payment, Paypal & auto-Corporation Commission. wealthUtiltiesInc.com. If you'd matic credit card, checks & cash of payment including, automatic CU and approved by the State fees and procedures are subject to like to sign up for ACH direct or Commonwealth Utilities, (both sides), sign and return. All (CU) accepts the following forms credit card charge

Exp. Date: _____ CSC code on back:

Contact Information

If you should have any questions or experience any problems with your water service, please contact us immediately at (540) 825.2781. Office hours are Monday-Friday 8am to 5pm. Emergency calls are answered 24/7 at the same number.

Card Number:

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS or CREDIT CARD CHARGE) COMMONWEALTH UTILITIES, INC. a subsidiary of Environmental Systems Services, Ltd. (ESS)

I hereby authorize Commonwealth Utilities, hereinafter called Company, to initiate debit entries to my account indicated below at the depository institution or credit card named below, and to debit the same to such account. I acknowledge that the origina-

| Customer Name: | Customer Account or Lot#: |
|--|--|
| Customer's Street Address: | |
| | |
| | |
| Direct Debit - Please attach a VOIDed check Bank/Depository: | (please check one) Checking Savings |
| Bank/Depository: | |
| Bank/Depository: | (please check one) Checking Savings Account #: |

Please fill out both sides