Watts Water Technologies, Inc.

815 Chestnut Street | North Andover, MA 01845

Supplier#:_____

For internal use only

ACH/Wire Authorization Form

*ACH-US Supplier Only * Wire-International or Canada

I (we) hereby authorize ______ (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

SUPPLIER'S NAME:______

SUPPLIER'S BANK INFORMATION

* Name of Financial Institution

*Address of Financial Institution - Branch, City, State, & Zip

*Phone number of Financial Institution

ACH- Routing Number or Wire- Swift code/IBAN number *Deposit Account Number:

SUPPLIER'S CONTACT INFORMATION AND APPROVAL

/ *email: *Contact name and email address for remittance advice / *Signature *Date *Name - PLEASE PRINT

*Supplier Address - PLEASE PRINT

*Must have in order to process request. Request will not be processed without complete information. Must allow two weeks for initial implementation.