BANK DRAFT INFORMATION

NAME: _____

SERVICE ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

EPWSA ACCT # _____

NAME OF FINANCIAL INSTITUTION: _____

TYPE OF ACCOUNT (CHECK ONE): _____ SAVINGS _____ CHECKING

BANK TRANSIT #: _____ ACCT #: _____

(PLEASE ATTACH VOIDED CHECK WITH THIS APPLICATION)

I HEREBY AUTHORIZE THE EATONTON-PUTNAM WATER & SEWER AUTHORITY TO DEBIT MY BANK ACCOUNT FOR PAYMENT OF MY MONTHLY UTILITY BILL. THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I NOTIFY EPWSA THAT THE SERVICE IS NO LONGER DESIRED. I WILL NOTIFY EPWSA OF THIS CHANGE IN AMPLE TIME SO THAT IT CAN BE HANDLED IN A RESPECTABLE FASHION.

I UNDERSTAND THAT EPWSA WILL CONTINUE TO SEND ME A MONTHLY BILL BEFORE DEBITING MY ACCOUNT AND THAT I HAVE THE RIGHT TO STOP A DEBIT BY NOTIFYING MY FINANCIAL INSTITUTION WITHIN A FEW DAYS OF THE SCHEDULED DATE OF THE DEBIT. I FURTHER UNDERSTAND THAT MY ACCOUNT WILL BE DRAFTED ON THE 12TH OF EVERY MONTH. IF THE 12TH FALLS ON SATURDAY OR SUNDAY, THE MONEY WILL BE DEBITED ON THE NEXT BUSINESS DAY. I ALSO UNDERSTAND THAT A SERVICE CHARGE OF $35.00 WILL BE CHARGED IF THE CHECK IS RETURNED AS INSUFFICIENT FUNDS.

CUSTOMER SIGNATURE: _____

DATE: _____