

ACCOUNT # \_\_\_\_\_ MAX DRAFT AMOUNT \_\_\_\_\_

**FOUR PINES WATER SUPPLY  
DRAFT AUTHORIZATION**

AS A CONVENIENENCE TO ME, I HEREBY REQUEST AND AUTHORIZE THE FINANCIAL INSTITUTION NAMED ABOVE TO PAY MY MONTHLY WATER BILL TO FOUR PINES WATER SUPPLY CORP. BY CHARGING EACH PAYMENT TO MY CHECKING ACCOUNT BETWEEN THE 10<sup>TH</sup> AND 15<sup>TH</sup> OF EACH MONTH. UNTIL YOU RECEIVE AND HAVE HAD REASONABLE TIME TO ACT ON SUCH NOTICE, YOU SHALL BE FULLY PROTECTED IN HONORING ANY FOUR PINES WATER SUPPY CORP. DEBIT AGAINST MY ACCOUNT. I UNDERSTAND, HOWEVER, THAT BOTH THE FINANCIAL INSTITUTION AND THIS PAYMENT PLAN (OR MY PARTICIPATION THERIN).

**IF FOR ANY REASON THE BANK DRAFT DOES NOT GO THROUGH (DUE TO NSF) A \$50.00 RETURN CHECK FEE WILL BE ADDED TO THE ACCOUNT, AS WELL AS THE POSSIBILITY OF DISCONNECTION OF WATER SERVICE WITHOUT NOTICE. AFTER 1 NSF BANK DRAFT WILL BE CANCELLED. IF BANK DRAFT DOES NOT PAY FULL AMOUNT ON BILL, BANK DRAFT WILL BE CANCELLED AND YOU WILL NEED TO PAY AND INCREASE YOUR MAX DRAFT AMOUNT.**

FINCANCIAL INSTITUTION NOTICE  
FOUR PINES WATER SUPPLY CORP. HAS BEEN INSTRUCTED TO FORWARD THIS AUTHORIZATION TO YOU. IF THE INFORMATION ON THIS DOCUMENT DOES NOT AGREE WITH YOUR RECORDS, OR IF THIS AGREEMENT IS NOT IN KEEPING WITH YOUR PROCEDURES, PLEASE CONTACT US.

\_\_\_\_\_  
SIGNATURE AS IT APPEARS ON THE CHECKS                      DATE \_\_\_\_\_

Customer's Checking Account Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank's Address \_\_\_\_\_

Bank's City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank's Routing Number \_\_\_\_\_

\  
Customer's Checking Account Number \_\_\_\_\_

