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. UNTIL YOU RECEIVE AND HACE 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).

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

FOR OFFICE USE ONLY:

Customer's Checking Account Name_____

Bank Name_____

Bank's Address_____

Bank's City_____ State_____ Zip_____

Bank's Routing Number_____

Customer's Checking Account Number_____