

AUTHORIZATION AGREEMENT FOR AUTOMATIC TRANSACTIONS

COMPANY NAME: WOODRUFF ROEUBCK WATER DISTRICT

I hereby authorize WOODRUFF-ROEUBCK WATER DISTRICT hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my Checking account indicated below at the institution named below, hereinafter called YOUR INSTITUTION, to credit and/or debit the same to such account.

YOUR INSTITUTION NAME _____

CITY _____ **STATE** _____ **ZIP** _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and YOUR INSTITUTION a reasonable opportunity to act on it. Should we draft your account and there are insufficient funds, a \$30.00 fee will be charged. Second draft refusal terminates future drafts. Draft dates are on the 15th and 30th of each month. Please refer to your statement bill for important information of dates.

NAME _____ **DAYTIME PHONE #** _____

WATER DISTRICT ACCOUNT NUMBER TO BE DRAFTED _____

SIGNATURE _____

DATE _____

This form can be emailed, faxed or mailed to:

Woodruff Roebuck Water District

PO Box 182

Woodruff, SC 29388

customerservice@wrwd.org

Fax 864-476-3190