

BANK DRAFT APPLICATION FOR STRINGER WATER WORKS ASSOCIATION

Date: _____

I, the undersigned, authorize STRINGER WATER WORKS ASSOCIATION, INC. to withdraw monthly water charges for Account(s) # _____

in the name of _____ from my bank account in the form of a bank draft.

I understand and agree that said charges in the amount stated on the monthly bill I receive will be deposited on the 15th of each month to be drafted from my account. If funds are not in the checking account and your bank returns the draft, Stringer Water Works will add a non-sufficient fund fee of \$40 to your account.

I further understand/ agree to provide STRINGER WATER WORKS ASSOCIATION, INC. thirty (30) days written notice should I choose to cancel payment of said charges by bank draft.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

BANK: _____

BANK ADDRESS/TELEPHONE: _____

BANK ROUTING #: _____

ACCOUNT #: _____

NAME(S) AS IT/THEY APPEAR ON ACCOUNT: _____

CUSTOMER SIGNATURE: _____

(Attach copy of voided check)

