



PO BOX 1032 CONWAY, SC 29528
(843)248-3195

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (DRAFTS)

I/We hereby authorize Bucksport Water System, Inc. to initiate debit entries to my/our CHEKING account indicated below and the depository named below to debit the same to such account.

Name _____ Phone Number _____
(As it appears on your bill-print)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUCKSPORT ACCOUNT NUMBER (as shown on water bill) _____

FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP _____

CHECKING ACCOUNT NUMBER _____ TRANSIT NUMBER _____

PLEASE NOTE THAT WE ARE UNABLE TO DRAFT SAVINGS ACCOUNTS

To ensure that proper information is forwarded to your bank, please enclose a voided copy of your check.

I hereby authorize the Financial Institution named to pay my monthly Bucksport Water System (BWS) bills by charging each payment to my checking account. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until it is revoked by me in writing. I understand, however, that both the Financial Institution and BWS reserve the right to terminate this payment plan (or my right to participate therein). Any returned drafts will be added back to the account. After two returned drafts BWS will terminate this payment plan.

DATE _____ SIGNED _____