



**BANK DRAFT AUTHORIZATION AGREEMENT**

*This form represents my authorization for Cleveland County Water to automatically draft my Checking Account for the total amount presented on my monthly statement. \_\_\_\_\_*  
*Initial*

*I understand this bank draft authorization will be in effect until I provide Cleveland County Water a written notice to terminate the draft. \_\_\_\_\_*  
*Initial*

*In the event my banking information changes, I understand I must submit a new Bank Draft Authorization Agreement along with a voided check from the new bank account. \_\_\_\_\_*  
*Initial*

*If I transfer my services to a new address within the Cleveland County Water service area, I understand that my draft information will also transfer to the new address unless I authorize in writing to stop the current draft. \_\_\_\_\_*  
*Initial*

*I understand Cleveland County Water will assess me a service charge for all draft payments returned unpaid by my financial institution, no matter the reason. \_\_\_\_\_*  
*Initial*

**FINAL BILLS OR INACTIVE ACCOUNTS WILL NOT DRAFT.**

Please complete the information below and return this application along with either a voided check or savings account deposit slip to:

*Cleveland County Water  
 PO Box 788  
 Lawndale NC 28090  
 ATTN: Accounts Receivable*

**THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE**

\_\_\_\_\_  
**PRINT NAME (AS IT APPEARS ON WATER BILL)**

\_\_\_\_\_  
**WATER ACCOUNT NUMBER (6 Digits)**

\_\_\_\_\_  
**HOME PHONE**

\_\_\_\_\_  
**CELL PHONE**

\_\_\_\_\_  
**WORK PHONE**

\_\_\_\_\_  
**AUTHORIZING SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**NAME OF FINANCIAL INSTITUTION**

\_\_\_\_\_  
**ACCOUNT NUMBER**

\_\_\_\_\_  
**CHECKING OR SAVINGS**

**ATTACH YOUR VOIDED CHECK TO THIS APPLICATION BEFORE MAILING**

**OFFICE USE ONLY**

Account # \_\_\_\_\_ Route \_\_\_\_\_ Sequence \_\_\_\_\_ Cycle \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Created: \_\_\_\_\_

Employee Signature \_\_\_\_\_