## *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 with 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 a service charge for all draft payments returned unpaid by my financial institution, no matter the reason.*** _____
*Initial*

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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 8***
***Shelby, NC 28151***
***ATTN: Jennifer Mathis***

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

_____ _____
*PRINT NAME (AS IT APPEARS ON WATER BILL)* *WATER ACCOUNT NUMBER (11 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_____**

*Cleveland County Water is an Equal Opportunity Employer and Provider