

BANK DRAFT AUTHORIZATION AGREEMENT

This form represents my authorization for Cleveland County Water to automatically draft my bank 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 approved documentation for 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 NOT be transferred to the new address unless I authorize in writing to set up the new service with the current draft information. _____
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

Please complete the information below and return this application along with either a voided check, direct deposit form or savings account deposit slip **(Routing number and full account number must be printed from the bank/their website/their mobile app. Anything written or anything that does not disclose both the full routing number and account number WILL NOT be accepted)** 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