

Phone numbers (2 Required)

1. _____

2. _____

Robeson County Water Department

Draft Authorization Form

I hereby authorize Robeson County Water Department, hereinafter called COMPANY, to initiate Debit entries and to initiate, if necessary, credit entries and adjustments for any Debit Entry in error to my (our) account indicated below and the Financial Institution named below, hereinafter called DEPOSITORY to credit and/or debit the same to such account.

This authority is to remain in full force and effect until Robeson County Water Department has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. A RETURNED CHECK FEE of \$30.00 will be added to your bill if funds are not available or bank account is closed or terminated.

Date	Name	Financial Institution Name
Customer ID #	Account Number	Financial Institution Address

***Due to the time required for company and bank processing, allow one or two billing periods for processing.**

CUSTOMER SIGN HERE: _____

TAPE YOUR VOIDED CHECK HERE (CHECKINGS ACCOUNT ONLY!!)

Counter Checks Only: Bank needs to sign this form confirming this is the correct account #

Bank Sign Here: _____