

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL AND DIRECT PAYMENT BY BANK DRAFT

I authorize Gafford Chapel Water Supply Corporation to withdraw funds from my checking/savings account. I understand that I will receive my monthly bill about 20 days prior to the withdrawal on the 15th of the month so that I know the amount to be withdrawn from my account by bank draft. This authority will remain in effect until I notify you to cancel it by the 10th of the month to allow the company a reasonable opportunity to act on it. My GCWSC Account Number_____

Name of Financial Institution_____

City_____ State_____ Zip_____

Signature_____ Date_____

Printed Name on Bank Account_____

Address_____

Bank Account No._____ Checking_____ or Savings_____

Financial Institution Routing Number _____