

BANK DRAFT FORM

SHARON WATER SUPPLY CORPORATION
6175 N. STATE HWY. 37
WINNSBORO, TEXAS 75494-6492
OFFICE: 903-342-3525 FAX: 903-342-5515
TOLL FREE: 1-877-342-3525

Account # _____

NAME _____

ADDRESS _____

CITY _____ STATE _____

NAME OF BANK _____

ADDRESS OF BANK _____

CITY _____ STATE _____

CHECKING ACCOUNT NUMBER _____

I authorize Sharon Water Supply, to deduct from my checking account the amount of my monthly water bill and to make that deduction payable to the account of Sharon Water Corporation. Bank drafts will always be done on the 10th of every month. I agree to all the terms below on this authorization.

***PLEASE ENCLOSE A VOIDED CHECK, ALONG WITH THE BANK DRAFT FORM. ***

To: _____

Signature _____ Date _____

I authorize the bank name above to pay my monthly water bill and to deduct each payment from my checking account. I agree that each payment shall be the same as a check personally signed by me. This authorization is to remain in effect until revoked by me in writing. I have the right to stop payment of charges by timely notification to my bank prior to charging my account. I understand, however, that the bank and Sharon Water Supply Corporation, each reserves the right to terminate this automatic bill payment service, or my participation therein.