

**SHARON WATER SUPPLY CORPORATION
BANK DRAFT AUTHORIZATION FORM**

Sharon WSC Account Number: _____

Name: _____

Address: _____

City: _____ State: _____

Bank Name: _____

Bank Phone Number: _____

Bank Address: _____

City: _____ State: _____

Checking Account Number: _____

Routing Number: _____

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

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.

Name: _____

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.