

AUTOMATIC BANK

DRAFT AUTHORIZATION

AUTHORIZATION TO PAY WATER BILLS

COMPLETE THIS FORM AND RETURN TO:

PARON-OWENSVILLE WATER AUTHORITY

P.O.W.A.

ACCOUNT NUMBER

(as shown on bill) _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME and ADDRESS OF CUSTOMER'S _____

BANK OR SAVINGS & LOAN _____

CHECKING ACCOUNT NUMBER _____

OR

SAVINGS ACCOUNT NUMBER _____

I authorize you to deduct from my checking or savings account the amount of my monthly water bill and to make the deduction payable to **Paron-Owensville Water Authority**. I agree to all the terms included with this application.

BE SURE TO INCLUDE A VOIDED CHECK.

Signature _____ DATE _____

To: BANK or SAVINGS AND LOAN named in the above application

I authorize the Bank or Savings and Loan named above to pay my water bill, including the routine charges if applicable, and to deduct each payment from my checking or savings account. I agree that each payment shall be the same as a check personally signed by me. This authority is to remain in effect until revoked by me in writing. I have the right to stop payment of a charge by timely notification to my Bank or Savings and Loan prior to charging my account. I understand, however, that either the Bank or Savings and Loan and Paron-Owensville Water Authority each reserves the right to terminate this Automatic Bill Pay Service (or my participation therein).