

# DAVIDSON WATER, INC.

P.O. BOX 969  
WELCOME, NC 27374-0969

CSR Initials \_\_\_\_\_

## Bank Draft Plan Authorization

**(Attach your voided check here)**

I hereby authorize Davidson Water, Inc. to draft the amount of my monthly utility bill from the financial institution attached or listed below. I understand my account will be drafted on the indicated date on the monthly statement. I have the right to stop automatic payment of my utility bill upon timely written notice to Davidson Water, Inc. prior to the invoice being processed.

I hereby agree to have sufficient funds available in my checking (or if used, savings) account for this service and understand that a \$25.00 charge will be required to be paid at the main office for insufficient funds. Failure to comply with the terms of this agreement could mean termination of service.

I have attached a voided check (Please check one of the following):  Yes  No

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name on Acct: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone number

(If different from attached check)

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### FOR OFFICE USE ONLY:

Water Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Date Entered \_\_\_\_\_