

First Craven Sanitary District

Authorized Agreement for Prearranged Draft Payment

I (we) hereby authorized First Craven Sanitary District to initiate charges to the checking account listed below or attached in the amount to satisfy the monthly charge for water usage. The Depository listed below (or attached) is authorized to debit that account. First Craven Sanitary District will send written notice (in the form of your water bill) of the amount at least ten calendar days before the scheduled transfer date.

Depository Name _____ (name of your bank)

Bank Transit / ABA number _____

Account number _____

Water bills are mailed the 1st of each month. Transfer date will be on or after the 15th of each month.

This authorization is to remain in full force and effect until First Craven Sanitary District has received written notification from me (or either of us) of its termination in such time and in such manner as to afford First Craven Sanitary District and Depository a reasonable opportunity to act on it.

By signing my name below, I (we) agree that I (we) were informed of the draft payment process of First Craven Sanitary District. First Craven Sanitary District is not responsible for incorrect or outdated bank account information. If my (our) banking account information changes, I (we) agree to notify First Craven Sanitary District in writing by signing a new application and providing the new banking information prior to the 15th of the month. In the event the draft payment is debited back to First Craven Sanitary District for *any reason*, water service is subject to immediate termination, standard First Craven Sanitary District Fees will apply, and this account will no longer be eligible for this Draft payment program at First Craven Sanitary District.

Print Name _____ FCSD Account # _____

Signed _____ Signed _____

Date _____ Phone Number _____

Please attach a voided check (not a deposit ticket)