



**AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS**

I (we) hereby authorize PIEDMONT WATER COMPANY, here after referred to as COMPANY, to initiate debit entries to my (our) checking \_\_\_\_ or savings \_\_\_\_ account (SELECT ONE) indicated below and the depository named below, here after referred to as BANK, to debit the same by such amount.

BANK NAME: \_\_\_\_\_ BANK BRANCH: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK ROUTING#  
/ABA #: \_\_\_\_\_

ACCOUNT: \_\_\_\_\_

This authorization to draft your account will remain in full force and effect until you notify the COMPANY in writing to discontinue this service. The COMPANY requires 5 business days prior to the drafting/due date to discontinue service that month. Otherwise, the drafting service will be discontinued in the following month.

NAME: \_\_\_\_\_

PIEDMONT ACCOUNT # \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK IF A CHECKING ACCOUNT IS SELECTED.**