



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.