

**EAST LOWNDES WATER ASSOCIATION
BANK DRAFT AUTHORIZATION**

NAME OF BANK _____

BANK ROUTING # _____

BANK ACCOUNT # _____

You are hereby authorized to honor and charge to my account each month a draft drawn by the East Lowndes Water Association which will be in payment of my water account.

Signature _____

Date _____

Address _____

Home/Cell Phone _____

Customer # _____

Work Phone _____

A bill will be sent each month showing how much will be drafted from your account. The date of draft will be the due date shown on bill.

**A voided check must accompany this form.*