**AUTHORIZATION AGREEMENT FOR AUTOMATIC TRANSACTIONS**

**COMPANY NAME: WOODRUFF ROEBUCK WATER DISTRICT**

I hereby authorize WOODRUFF-ROEBUCK WATER DISTRICT hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my Checking account indicated below at the institution named below, hereinafter called YOUR INSTITUTION, to credit and/or debit the same to such account.

**YOUR INSTITUTION NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_\_\_\_\_\_\_\_ZIP \_\_\_\_\_\_\_\_\_\_**

**ROUTING NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACCOUNT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and YOUR INSTITUTION a reasonable opportunity to act on it. Should we draft your account and there are insufficient funds, a $30.00 fee will be charged. Second draft refusal terminates future drafts. Draft dates are on the 15th and 30th of each month. Please refer to your statement bill for important information of dates.**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAYTIME PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WATER DISTRICT ACCOUNT NUMBER TO BE DRAFTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form can be emailed, faxed or mailed to:

Woodruff Roebuck Water District

PO Box 182

Woodruff, SC 29388

customerservice@wrwd.org

Fax 864-476-3190