

SANTUCK HEBRON WATER COMPANY
P O BOX 188
CARLISLE, SC 29031

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED
PAYMENT**

NAME: *(PLEASE PRINT)*

PHONE NUMBER:

ADDRESS: (STREET, P O BOX, CITY, STATE, ZIP CODE)

ACCOUNT NUMBER: _____

SIGNATURE:

DATE:

****PLEASE INCLUDE A VOIDED CHECK
FINANCIAL INSTITUTION INFORMATION**

BANK NAME:

BANK ADDRESS: (STREET, P O BOX, CITY, STATE, ZIP CODE)

BANK NINE-DIGIT ROUTING TRANSIT NUMBER:

YOUR ACCOUNT NUMBER: (CHECKING ACCOUNT)

Return this completed form to receive the benefits of preauthorized payments. Benefits include:

- **COST SAVINGS:** Eliminate late fees, save postage expense and check writing expense
- **SECURITY AND CONTROL:** Eliminate lost checks, controlled by written authorization
- **PAYMENT RELIABILITY:** Provides on time payments, establishes excellent payment and credit record
- **CONVENIENCE:** Saves time by eliminating the need to write and mail checks