



Bell Arthur Water Corporation

P.O. Box 617
Bell Arthur, NC 27811-0617
Phone: (252) 752-6252
Fax: (252) 752-7469

DATE: _____

CUSTOMER PH. # _____

BAWC ACCT / LOC # _____ / _____

AUTHORIZATION OF DRAFT PAYMENT

I, _____ authorize Bell Arthur Water Corporation
(Name)

to draft my checking account _____ or savings account _____
(Account #) (Account #)

at _____ for bimonthly payments of the water bill for
(Name of Bank)

BAWC Account # _____, and do agree no other form of advance payment will
be accepted unless the draft is cancelled. I also understand that I am responsible for
ensuring that the necessary funds are available at the time the draft occurs.

A new draft form or draft cancellation form must be completed and signed 30 days prior to the
draft date in order to authorize any changes to an existing account.

***PLEASE ATTACH A VOIDED CHECK TO THIS FORM.**

Customer Signature

Authorized BAWC Signature

Person Responsible for Bill

FOR OFFICE USE ONLY

CHANGE BANK: _____

CHANGE BANK ACCT # _____

CANCEL DRAFT: _____

DATE: _____

PENALTY FORGIVEN Y / N _____
