

POYNOR COMMUNITY WATER SUPPLY CORPORATION  
BANK AUTHORIZATION

NAME ON ACCOUNT \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
TO \_\_\_\_\_ BANK

Bank Routing # \_\_\_\_\_ Street Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks, electronic funds transfers or other orders drawn on or initiated to my account by and payable to the order of Poynor Community Water Supply Corporation.

I agree that your rights in regard to each such check, electronic or other order shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check, electronic or other order.

I further agree that if any such check, electronic or other order be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of water service.

ATTENTION: Please include a Payor's check marked "VOID" (not a copy of Payor deposit slip) and attach below.

PLEASE ATTACH A "VOID" CHECK HERE

If you change accounts or banks, please send a new VOID check thirty (30) days in advance. It is not necessary to send a new authorization. We recommend you leave sufficient funds in your old account to cover premiums until we begin drafting your new account.

PLEASE DO NOT ALTER OR WRITE OVER MICRO-ENCODING NUMBERS AT BOTTOM OF VOID CHECK.

AUTHORIZATION TO POYNOR COMMUNITY WATER SUPPLY CORPORATION

I hereby request and authorize POYNOR Community Water Supply Corporation (the Company) to periodically draw a check on the account of the signer for the purpose of paying moneys due on water services. The Company reserves the right to revoke this plan. The Company may at its discretion withdraw by means of electronic funds transfer or other commercially accepted method in lieu of a paper check. In the event of an unhonored draft, billing will be changed to direct mail billing.

This authority is to remain in effect until the Company has received written notice from me of its termination, in such time and manner as to afford the Company a reasonable opportunity to act upon it.

Signature(s) as it appears on Bank Account \_\_\_\_\_ Date \_\_\_\_\_

Your Street Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is this address new? Yes  No  Requested Draft Date \_\_\_\_\_ (Will be on first day of month.)