

LWS Acct# _____

LEGGETT WATER SUPPLY

Bank Draft Authorization

I hereby authorize Leggett Water Supply Corporation to draw monthly drafts against my account for payment of my water service as indicated at the financial institution below. I understand that my account will be drafted monthly on the 15th.

I understand that this authorization will remain in effect until my service is terminated, or until this authorization is terminated by me in writing to Leggett Water Supply.

I further understand that should a debit to my checking account be rejected because of insufficient funds, I will be subject to NSF check fees, late charges and possible disconnection fees. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Name of Financial Institution:
Address:
Phone:

Routing #	Account#	Type of Acct.	Savings:	Checking:
-----------	----------	---------------	----------	-----------

Print Customer Name:	Signature:
SSN#: DL#:	Date:

ATTACH COPY OF VOIDED CHECK TO THIS FORM