PINE HILL WATER WORKS
P. O. BOX 78360
SHREVEPORT, LA 71137
(318) 425-7586

Authorization for Automatic Bank Draft

I_____ authorize Pine Hill Works District #8 and the Financial Institution listed below to initiate entries to my checking account. This authority will remain in effect until I notify Pine Hill Water Works in writing/person to cancel.

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

SERVICE ADDRESS _____

UTILITY ACCOUNT #:_____

CONTACT PHONE# _____

*Voided check or voided check copy is required and will be attached to this form for correct financial information.

BANK NAME: _____

BANK ACCOUNT #: _____ ROUTING #: _____

I AUTHORIZED PHWW TO DRAFT THE ABOVE ACCOUNT effective Date_____

Pine Hill Water Works District #8
4922 North Market St.
Shreveport, La. 71107
(318) 425- 7586

I initiate electronic entries to my checking account and have agreed to the terms listed on this authorization form. I may revoke my authorization at any time in writing or in person to the above address.
Payments will be withdrawn on the due date: 20th of each month *Note* if the due date falls on the weekend, my account will be drafted the following Monday.
If you do not have a check that can be voided, please have your Financial Representative to fill this form out and sign below with your signature.

CUSTOMER SIGNATURE: _____

CUSTOMER SERVICE REP: ____ _____
(PLEASE HAVE *CUSTOMER SERVICE REP*. SIGN IF VOIDED CHECK IS NOT ATTACHED)