

NEW HOPE SPECIAL UTILITY DISTRICT
WATER PAYMENT
AUTHORIZATION TO DRAFT ACCOUNT

I, _____, NHSUD ACCOUNT# _____,

AUTHORIZE NEW HOPE SPECIAL UTILITY DISTRICT TO DRAFT MY BANK ACCOUNT, CREDIT UNION, OR OTHER FINANCIAL INSTITUTION AS NOTED BELOW FOR PAYMENT OF MY WATER BILL UNTIL SUCH TIME THAT I GIVE WRITTEN NOTICE TO TERMINATE DRAFTING. I UNDERSTAND THAT THE ACCOUNT WILL BE DRAFTED ON OR ABOUT THE THIRD (3RD) DAY OF EACH MONTH FOR THE BILL OR BILLS PROCESSED FOR THE PRIOR MONTH.

NAME OF FINANCIAL INSTITUTION _____

ACCOUNT NUMBER TO DRAFT _____

ROUTING NUMBER _____

ADDRESS OF FINANCIAL INSTITUTION _____

SIGNATURE OF CUSTOMER _____

EFFECTIVE DATE _____