

# BANK DRAFT AUTHORIZATION AGREEMENT ACH PREAUTHORIZED PAYMENTS (DEBITS)

I hereby authorize **Iredell Water Corporation**, to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking Savings account indicated below and the financial institution named below to credit (or debit) the same to such account.

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*FINANCIAL INSTITUTION NAME*

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*TRANSIT/ROUTING NUMBER*

*ACCOUNT NUMBER*

I understand that this authorization will be in effect until I notify Iredell Water Corp in writing that I no longer desire this service a minimum of five (5) days prior to the schedule draft date, allowing Iredell Water reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my utility account. I have the right to stop payment of a debit entry or change my bank information by notifying Iredell Water Corporation in writing a minimum of five (5) days prior to the account being charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by Iredell Water. I agree to give Iredell Water a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 10 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first. I agree to any fees charged by Iredell Water on a returned ACH debit related to insufficient funds, frozen account, closed account, etc as listed in Iredell Water Corporations Schedule of Fees.

Drafts occur on the 10th of each month or the next business day if the 10th falls on a weekend.

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*Name on Water Utility Account*

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*Social Security Number*

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*Iredell Water Account #*

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*Phone*

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*E-mail address*

**Would you like to receive your bill by e-mail/ paperless billing?** Yes No

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*Customer Signature or Digital Signature*

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*Date*

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*Service Location Address(or Addresses if you wish to draft for multiple service locations)*

**We must also have a voided check, copy of voided check, or a letter from your Financial Institution attached to this bank draft agreement. Starter checks are not accepted.**