



2638 Old Stagecoach Road, Cassatt, S.C. 29032  
www.cassattwater.com

**AUTHORIZATION TO:**    **START BANK DRAFT**    **CHANGE BANK DRAFT**

I hereby authorize **Cassatt Water** to initiate debit entries, or such adjusting entries, (debit or credit) which are necessary for corrections, to my **(Check one box) Checking**  **or Savings**  account indicated below. I further authorize the Financial Institution named below, to debit (or credit) the same account.

○ **A VOIDED CHECK OR LETTER FROM BANK SHOWING YOUR TRANSIT NUMBER AND ACCOUNT NUMBER MUST BE INCLUDED TO DRAFT OUT THE CHECKING ACCOUNT.**

**NEW FINANCIAL INSTITUTION INFORMATION:**

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

This authority is to remain in full force and effect until **Cassatt Water** has received its Authorization to Stop Bank Draft Form from me of me of its termination in such time and in such manner as to afford **Cassatt Water** a reasonable opportunity to act on it.

**CUSTOMER INFORMATION:**

CUSTOMER NAME: \_\_\_\_\_

CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_

\_\_\_\_\_  
CUSTOMER SIGNATURE

\_\_\_\_\_  
DATE

**OFFICE USE ONLY BELOW**

\_\_\_\_\_  
*Received by*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Posted by*

\_\_\_\_\_  
*Date*

2638 Old Stagecoach Rd. Cassatt SC 29032  
Phone (803) 432-8235 Fax (803) 432-8341