

Dare County Water
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Company Name: Dare County Water

Customer Account Number: _____

I (we) hereby authorize Dare County Water Department, hereinafter called COMPANY, to initiate credit entries or such adjusting entries, either debit or credit, which are necessary for corrections, to my (our) Checking () Savings () account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit or debit the same to such account.

Depository Name: _____ Branch: _____

City: _____ State: _____

Bank Transit/ABA No.: _____ Account No. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Name(s): _____

Email Address(es): _____

Signed: _____ Date: _____

Signed: _____ Date: _____

NOTE: Please print and fill in the information. Along with the form, please also include a **voided check** from the account to be debited. Mail the completed form to: Dare County Water, 600 Mustian Street, Kill Devil Hills, North Carolina 27948.

Please make payments directly until the second billing cycle following your application, as many banks will not draft the first attempt.

If you have any questions, please call us toll free (888) 998-9283 or (252) 475-5990 and select option 1 for Billing. Our email address is: water@darenc.com. Our fax number is (252) 441-2239.