



BEAUFORT COUNTY WATER DEPT

Dear Sir/Madam:

Please accept this as your authority to pay against my account each month a draft drawn by the Beaufort County Water Department on my water account. The amount of this draft will vary according to the amount of my bill, and I hereby agree that you are in no way responsible for the correctness of the amount specified in the draft but are authorized to pay that amount indicated in each draft presented.

(please print)

LAST NAME: _____ FIRST NAME: _____ MI: _____

PHONE: _____ WATER ACCT #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BANK NAME: _____ BANK ACCT #: _____

LOCATION: _____ TRANSIT #: _____

YOU ARE HEREBY AUTHORIZED TO DRAW A BANK DRAFT FOR THE
PAYMENT ON MY MONTHLY WATER BILL.

SIGNATURE: _____ DATE: _____

Please return authorization letter and a voided check to the address below.