

BANK DRAFT

*** NO ADDED FEE TO USE BANK DRAFT ***

I authorize **BURGIN WATER**, hereinafter called "Company," to initiate debit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law and NACHA Rules.

Account Detail

Financial Institution Name:			
City	State	Zip	
Routing Number:			
Account Number			
Type of Account	Checking _____	Savings _____	

Payment Details

PAYMENT:	Amount shown on Invoice or Statement		
Frequency:			Monthly
PROCESSES ON THE 15 TH OR NEXT BUSINESS DAY IF THAT FALLS ON WEEKEND			

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on the request.

Signature: _____

Print Individual Name: _____

Account Number or Physical Address: _____

Date: _____

If checked, attach a copy of a voided check or proof of account ownership to this form