

AUTOMATIC BANK DRAFT
ENROLLMENT FORM
(Homeland Park Water)

I (WE) authorize the Homeland Park Water and the financial institution shown below to automatically debit the bank account below for payment of all bills issued. I understand that it is my responsibility to notify the Homeland Park Water, in writing, if I change banks or account numbers. This authorization will be in effect until either party gives written notice to the other of termination. I understand my notice of termination must be received in time to have reasonable opportunity to act.

Customer _____ HPW ACCT# _____

Phone _____ Social Security # _____

Account Type: Checking _____ Savings _____ Bank Acct# _____

Bank Name _____ Routing# _____

Customers Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

MAIL COMPETED ENROLLMENT FORM TO:

Homeland Park Water
P.O. Box 13003
Anderson, SC 29624
864-296-9766

IMPORTANT: Attaching a voided check is strongly recommended.