

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.**