

**AUTOMATIC PAYMENT SERVICE REQUEST FORM**

**South Rayne Water Corporation Account # (as it appears on your bill)**

**Customer's Name**

**Address**

**City**

**State**

**Zip**

I hereby authorize South Rayne Water Corporation and the financial institution designated to make automatic payments from the account I have specified on this authorization form. I understand that this authorization is to remain in effect until cancelled in writing by either me, South Rayne Water Corporation or the financial institution designated. Please attach a deposit slip or voided check showing your account number and transit/ABA Number.

|  |                  |              |
|--|------------------|--------------|
| <b>Financial Institution</b>   |                  | <b>Phone</b> |
| <b>Transit/Routing/ABA #</b>   | <b>Account #</b> |              |
| <b>Signature (as it appears on your financial institution account)</b> |                  |              |