

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 canceled 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.

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