

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.

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