



CUSTOMER DRAFT AUTHORIZATION

NAME _____ (AS IT APPEARS ON YOUR CABOT WATER STATEMENT)

HOME PHONE _____ BUSINESS OR CELL PHONE _____

ADDRESS _____

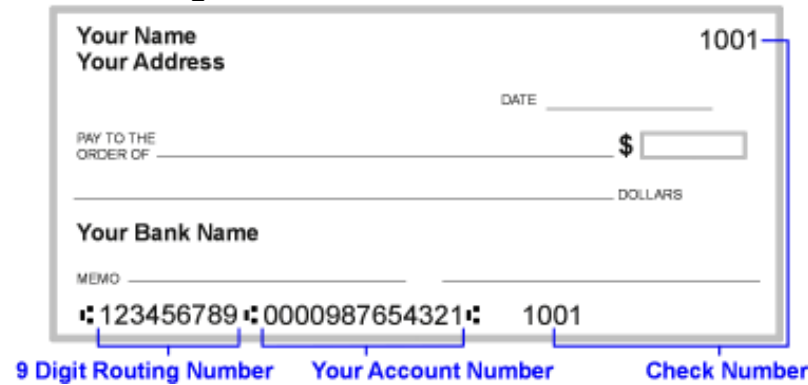
CITY _____

STATE _____ ZIPCODE _____

CABOT WATER ACCOUNT NUMBER(S) TO BE PAID BY DRAFT.

_____ # _____ # _____

Staple Customer Voided Check Here: Find Routing Number on Your Check



Name of financial institution: _____

I authorize the financial institution whose voided check is attached or named above to pay my monthly Cabot WaterWorks bill and to deduct each payment from my checking / saving account. This authority is to remain in effect until revoked by me in writing. I agree that each payment shall be the same name as a check personally signed by me. I have the right to stop payment of charge by timely notification to my financial institution and Cabot WaterWorks. Cabot WaterWorks reserves the right to terminate this draft service (or my participation there in).

SIGNATURE _____ DATE _____

Please include this form with your check payment, or enclosed voided personal check. Mail to Cabot WaterWorks PO Box 1287, Cabot, AR 72023-1287

Please notify Cabot Waterworks prior to closing or changing your bank account.

FOR OFFICE USE ONLY

DATE ENTERED _____ INITIAL _____