



PIONEER RURAL WATER DISTRICT
5500 WEST-OAK HIGHWAY
P.O. BOX 203
WESTMINSTER, SC 29693
Office (864) 972-3082 Fax (864) 972-3351

AUTOMATIC BANK DRAFT APPLICATION FORM

Pioneer Rural Water District is hereby requested and authorized to present charges drawn on my account beginning on or about the fifth day of _____, 20____, and on or about the same day of each month thereafter or until this authorization is revoked.

Bank Name _____
Bank Mailing Address _____
City, State, Zip _____
Bank Routing Number _____
Depositor Account Number _____

Check one:

This account is a _____ Checking Account _____ Savings Account

*If you are unsure about the numbers to enter above, please send us a **voided** check so that we can enter the correct information.*

Authorization to honor charges drawn in the name of Pioneer Rural Water District.

As a convenience to me, the undersigned, I hereby request and authorize you to pay and charge to my account charges drawn on my account in the name of Pioneer Rural Water District by check, electronic debit or otherwise. This authorization will remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such charge.

I agree that your treatment of each such charge and your rights with respect to it shall be the same as if a check were signed personally by me. I further agree that if any such charge is dishonor results in penalties or service disconnection.

Pioneer Rural Water District is instructed to forward this authorization to you.

Date _____

Print Name of Bank Depositor as shown on bank records for the account to which this is authorization applies.

Signature of Bank Depositor _____

Draft funds are to be applied to Pioneer Rural Water Account No. _____

Depositor's Daytime Phone Number _____