

BURNT PINES WATER

PO BOX 565
VERON IN 47282
812-346-4613
812-592-0224
BURNTPINESWATER@GMAIL.COM



AUTOMATIC WITHDRAWAL (ACH) ENROLLMENT FORM UTILITY PAYMENTS

Owner Name _____

Mailing Address _____

City/State/Zip _____

Phone Number _____

Account # _____

Service Address _____

BANK ACCOUNT INFORMATION

Bank Name _____

Routing Number _____

Account Number _____

Bank Account Type CHECKING SAVINGS

You must Send a Voided Check to Enroll in ACH

Withdrawals shall be made from the account on the 14th day of the month. I hereby authorize the Burnt Pines Water to automatically withdraw from my account identified above, the total amount due on my monthly utility bills. I authorize the Financial Institution named above to accept such transactions initiated by Burnt Pines Water. I understand that I can discontinue this payment service at any time by notifying Burnt Pines Water in writing, 15 days prior to the electronic payment date. I understand that any electronic payments not honored will be charged a \$15 returned item fee.

SIGNATURE _____ DATE _____