

BANK DRAFT PAYMENT OPTION

Complete this section for automatic DRAFT payments.
Please Print

Customer's Name

Customer's Southwest Sandhills WSC Account Number
(on Southwest Sandhills WSC Monthly Bill)

Customer's Mailing Address

City

State

Zip

Name of Bank or Other Financial Institution

Name of the Bank Account Holder exactly as it appears on the Account

Bank Routing Number (9 digits on lower left side of check or deposit slip)

Checking or Savings Account Number (7-12 digits in the middle at the
bottom of the check or deposit slip)

I authorize the above bank or financial institution to pay the monthly
Southwest Sandhills WSC bill. I have the right to stop payment of a charge
by timely notification to the bank or financial institution. Southwest
Sandhills WSC reserves the right to terminate this draft for any stop pay-
ment action.

Signature of Account Holder

Date

"This information is an equal opportunity provider."