What is an Automatic Payment? It is a means of having your bank automatically deduct your Water Fees from your bank account.

What are the benefits?

Having automatic payment is the most convenient way to make your Water payments. You will save time, and you will not have to remember to write a check. You will know your Automatic Payment will be on time.

How do I authorize the Automatic Payments?

Complete the authorization form that is part of this brochure. Send it, along with a blank check on which you have written "VOID", to the address at the bottom of the authorization form. When your bank starts deducting your payments, they will be itemized on your bank statements.

On what day will my bank account be debited and for how much?

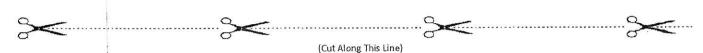
Your account will be drafted between the 3rd and 7th of every month for your current bill amount.

What if I change my mind later and want to cancel this service?

Contact Mitford Rural Water District and request in writing to cancel your autopay (with your signature). You will need to be aware that it will take 30 days to discontinue electronic debits, so there may be one more automatic payment deduction before you start receiving statements.

PLEASE NOTE

Your voided check, bank name, and account number are needed in order to set up your Automatic Payment. The information will be kept confidential



Mitford Rural Water District

P.O. Box 208 | 72 Meeting Street Great Falls, SC 29055-8740 (803) 482-2136

Authorization for Automatic Payment

Cus	stomer Information			
MRWD Book Number:	MRWD Account Number			
Customer Name:				
Service Address: Street	City	State	Zip	
Telephone: ()	Transport for them			
Mailing Address:		444		
(If Different Than Above) Street	City	State	Zip	
Email Address:				
authorize the following financial institute to accept the fund Mitford Rural Water District water bills or to credit my accou This authorization is in effect until I contact MRWD in writing	int if it is necessary to make corre	g or savings accour	nt shown below to p	pay
Financial Institution:				
Bank Routing Number:				
Bank Account Number:				
Type of Account: Checking Savings				
Signature: X	Da	ate:		

(Signature required for processing. Must be authorized signer on bank account.)

IMPORTANT - PLEASE RETURN THIS FORM AND A VOIDED CHECK TO:

Mitford Rural Water District P.O. Box 208 Great Falls, SC 29055-8740