

DIRECT PAYMENT AUTHORIZATION

I (we) authorize BLUE RIDGE WATER ASSOCIATION, hereafter called "Company", to initiate monthly debit entries to my (our) checking account at the financial institution listed below on the fifth (5th) day of each month.

Bank Name: _____

Bank Address: _____

Routing Number: _____

Account Number: _____

Blue Ridge Water Acct. No: _____

I (we) understand that should the 5th day of the month fall on a weekend or Federal holiday, the debit shall occur on the following banking date.

This authority shall remain in effect until "Company" has received written notification from me (us) of its termination in such a time and in such a manner as to afford "Company" a reasonable opportunity to act on it.

Signature _____

Printed Name _____

Date _____

Phone Number _____

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM.
RETURN TO THE WATER OFFICE BY THE 30TH OF THE MONTH PRIOR
TO WHEN YOU DESIRE THE PAYMENT TO BE WITHDRAWN.**