Eff	date	

## AUTOMATIC BILL PAYMENT ENROLLMENT FORM

Fleming Co. Water Assoc., Inc. PO Box 327, Flemingsburg, KY 41041 For additional information, call our office at (606) 845-3981 or 1-800-845-3983

## FOR AUTOMATIC BANK DRAFT

Name:	· ,		<u>-</u>
Adress:			<b></b>
Home Phone:	Work Phone:	Cell Phone:	_
FCWA Account No	)		
Financial Institutio	n Name:		
City, State, Zip:			and designating courts
Circle one:	Checking Account	Savings Acct	
Financial Institutio	n Account Number:		<del>-</del>
Routing Number:_	•		_
make that Deduction Terms and Condition has received WRIT such manner as to a	n payable to Fleming Co. Water ns of Authorization. This author TEN notification of its terminatio afford FCWA and DEPOSITOR	ount monthly in the amount of my mands. Assoc. In giving the authorization, rization is to remain in full force and n in such time (before the 7th of the Y a reasonable opportunity to act or others please give us a call or bring a	I agree to all the effect until FCWA month) and in it. If your bank
PLEASE NOTE: B	ANK WILL PULL PAYMENTS	10 <sup>TH</sup> OF EACH MONTH.	
payment for the bille Fleming Co. Water	ed amount including a <u>\$30.00 S</u> Assoc., Inc. within 5 calendar D	unds, stop payment, hold, closed Ac ervice Charge, Plus the late fee, mu ays or service will be disconnected th period, you will no longer be eligil	ust be submitted to immediately. Also
* A RECONNECTION	ON FEE OF \$80.00 WILL APPL	Y TO LOCK AND UNLOCK SERV	ICE.
NOTIFY US to remodraft will pull also, a	ove you from the AUTOMAT	er bill by CHECK OR CASH any give TIC BANK DRAFT. If we are not no fficient, etc., you will be CHARGED ve.	otified, the bank
Signature:	·	Date:	
FCWA Employee \$	Signature:	Date:	