

BUTLER WATER SUPPLY, INC.
CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Butler Water Supply, Inc. to initiate entries to my checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until Butler Water Supply, Inc. is notified by me (us) in writing to cancel it in such time as to afford Butler Water Supply, Inc. and the financial institution a reasonable opportunity to act on it.

Name of Financial Institution

Address of Financial Institution

Signature

Date

Name – Please Print

Address- Please Print

Draft Amount: As Billed

Butler Water Account No.

Checking/Savings Account Number : _____

Financial Institution Routing Number : _____
(Please attached a VOIDED check for the account listed above).

ATTACH VOIDED CHECK HERE