

## Authorization for Bank Draft

I authorize Bronston Water Association, Inc. and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 5 days before my account is charged.

Bronston Water Account # \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Name (Please print) \_\_\_\_\_ Address \_\_\_\_\_

Bank Account No. \_\_\_\_\_ Routing Number \_\_\_\_\_

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*Please return the top portion to:*

**Bronston Water Association, Inc.**  
**PO Box 243**  
**Bronston, KY 42518**  
**[bronstonwater@gmail.com](mailto:bronstonwater@gmail.com)**  
**Fax: (606) 561-0102**

You have from the date of billing until the 8<sup>th</sup> of the month at 2:00 pm to dispute your bill. Please call our office for any billing questions or disputes prior to the 8<sup>th</sup> of each month. If you do not receive your bill, please call our office for the amount as we are not responsible for mail lost during delivery.

Email or fax completed form to [bronstonwater@gmail.com](mailto:bronstonwater@gmail.com) or (606) 561-0102