Authorization Agreement for Bank Draft

Customer's Name:	
Address:	
Telephone Number:	
PWC Utility Account Number:	
Name of Bank:	
Address of Bank:	
Name on Bank Account:	
Please select which account you would like d	rafted and include the account number:
Checking Account:	
Savings Account:	
information. I understand that this authorizat	n to draft my account each month per the above tion will be in effect until I notify you in writing that C reasonable time to act on my notification. I have raft Customer.
(Date)	(Signature of Customer)
NOTE: PLEASE ENCLOSE A VOIDED CH	IECK FOR BANK ACCOUNT VERIFICATION
Office Use Only Bank Transit Number: Bank ID Number: Entered in Computer: PWC Clerk:	