

Bagdad - Garcon Point Water System, Inc.

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Director

DEBIT AUTHORIZATION

I (we) hereby authorize Bagdad-Garcon Point Water System, Inc., hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for monthly water payments. **I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.** Payments will be deducted on the third (3rd) of every month.

Financial Institution _____ Branch _____

Address _____

City/State/Zip _____

Routing Number _____ Account Number _____

Type of Account: _____ Checking _____ Savings

Amount (or how amount is determined): _____

Frequency (Weekly, Monthly etc.): _____ Start Date (if recurring): _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name _____

Account Number _____

Signature _____

Date _____

If you would like to receive an e-bill, please provide your e-mail address on the line below.

Please Attach Voided Check to This Form



Debit Authorization

MEMBER FLORIDA RURAL WATER ASSOCIATION