

CONSOLIDATED WATERWORKS/SEWERAGE
DISTRICT No. 1, PARISH OF BOSSIER
 P.O. BOX 70, BENTON, LA 71006
 204 BURT BLVD., BENTON, LA 71006
 Phone (318) 742-9748 (24Hrs.) Fax (318) 742-1537

Authorization Agreement for Automatic Bank Draft

Customer Name: _____

Customer Number: _____

Service Address: _____

Mailing Address (if different): _____

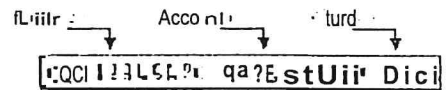
Contact Phone #: _____ Alternative #: _____ E-mail: _____

Financial Institution Name: _____

Financial Institution Complete Address: _____

Bank Account Number: _____

Bank Routing - Transit Number: _____



I (we) hereby authorize Consolidated Waterworks / Sewerage District No. 1, Parish of Bossier ("CWSD1") to initiate automatic bank drafts from my (our) account, at the financial institution ("Bank") named in this agreement, for my (our) utility bill payment. **I have attached a voided check.**

I understand that it may take one (1) billing cycle before my automatic bank draft will begin. I am responsible to pay any balance due on my account prior to the startup of the Automatic Bank Draft. If the balance is not paid, the first automatic withdrawal from my bank account will deduct the entire amount owed on my utility account.

I understand the automatic bank draft will be initiated approximately on the bill due date (20 days after the bill date). If the due date does not fall on a business day, the charge will be initiated on the first business day following the due date. I also understand any bill disputes or inquiries must be made with CWSD1 within 15 days of bill date.

I understand it is my responsibility to make sure there are sufficient funds in the account at all times to make required payments. A fee will be charged by the CWSD1 for all transaction resulting in insufficient funds and that my utility service will continue to be subject to late fees and disconnection for failure to pay a bill by the due date. I understand and agree that the CWSD1 shall not be responsible for errors or omissions of my Bank, and that my obligation to timely pay a utility bill remains in force regardless of errors and omissions by the Bank.

I have the right to discontinue participation by notifying the CWSD1 in writing at least seven (7) business days prior to the due date of payment. If I elect to discontinue participation, I will still be responsible for the payment of my bill by the due date. I further understand that both my Bank and the CWSD1 reserve the right to terminate this Automatic Bank Draft Agreement or my participation at any time without prior notice.

AGREED AND ACCEPTED BY:

Print Name: _____

Signature: _____ Date: _____

Please return signed authorization along with a voided check to:

Consolidated Waterworks/Sewerage
P.O. Box 70
Benton, LA 71006