



## BANK DRAFT AUTHORIZATION

Please complete this form and mail to Wannacomet Water Company,  
1 Milestone Rd., Nantucket, MA 02554 or FAX to 508-325-5344 or bring to our  
main office.

Water Bill Account Number \_\_\_\_\_

Name as it appears on water bill \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Service Address (if different than mailing address) \_\_\_\_\_

Full Name of Bank or Financial Institution \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Routing and Transit number (9 digit) \_\_\_\_\_

Bank Account Number \_\_\_\_\_

(Bill will be paid from this account – Attach a Voided Check)

Authorization: Please read and sign to begin using the service: I AUTHORIZE Wannacomet Water Company to initiate debit entries to my bank account (as indicated above) approximately 10 days after billing for full payment of my water bill. If I wish to discontinue service I can do so by giving written notification to Wannacomet Water Company. I understand that I am responsible for any loss or penalty that I may incur due to the lack of sufficient funds, or other conditions that may prevent the withdrawal of funds from my account. (The Non-Sufficient Funds fee is \$25.00)

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_