Lone Pine Supply Corporation

P. O. Box 1616 1479 N US Hwy 287
Palestine, TX 75802-1616
903-729-9660 phone 903-729-9660 fax
www.lonepinewsc.org lonepinewsc@gmail.com

UTILITY AUTOMATIC PAYMENT AUTHORIZATION

Acct # _____ Maximum Draft Amount $_____

As a convenience to me, I hereby request and authorize the financial institution named below to pay my monthly water bill to Lone Pine Water Supply Corporation by charging each payment to my checking account. This authority is to remain in effect until revoked by me in writing. Until you receive and have had reasonable time to act on such notice, you shall be fully protected in honoring any Lone Pine Water Supply Corporation debit against my account. I understand, however, that both the Financial Institution and Lone Pine Water Supply Corporation reserve the right to terminate this payment plan (or my participation therein.)

Financial Institution Notice
Lone Pine Water Supply Corporation has been instructed to forward this authorization to you. If the information on this document does not agree with your records, or if this agreement is not in keeping with your procedures, please call Lone Pine Water Supply Corporation at (903) 729-9660.

_____ _____
Signature as if appears on your checks: Date

FOR OFFICE USE ONLY:

Customers Checking Account Name

Last Name First Name

Bank Name

Bank Address

Bank City State Zip Code

BANK ROUTING NUMBER

CUSTOMER'S CHECKING ACCOUNT NUMBER