

**Southern Black Hills Water System INC. (SBHWS)**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL**

I hereby authorize SBHWS to initiate debit and, if necessary, credit entries to my account indicated below for my SBHWS bill. I understand that the amount deducted will be my balance due indicated on the current bill. The withdrawal will take place on the 10<sup>th</sup> of each month or the next business day if the 10<sup>th</sup> falls on a holiday or weekend. I acknowledge that this authorization is to remain in effect until SBHWS has received written notification of its termination.

**THERE WILL BE A SERVICE CHARGE IF FUNDS ARE NOT AVAILABLE**

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***Attach a voided check to form***

John Doe 123 Box Ave Hot Springs, SD 57747	1234	Date: _____
Pay to the Order of	_____ \$	
123456789	12345678902	1234 _____

*EXAMPL*

Name of Bank: \_\_\_\_\_

9-Digit routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Type of Account:  Checking  Savings (check one)

***Attach a voided check to form***

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail completed form to:  
SBHWS  
26858 Hwy. 385  
Hot Springs, SD 57747