



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, bring to our main
office or email to: water@nantucket-ma.gov

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 _____