



305 West Freemason Street
P.O. Box 1030
Edenton, NC 27932
(252) 482-7477

AUTOMATIC DRAFT REQUEST FORM

This is my authorization to the Chowan County Water Department, ID NO. 0132002630, to automatically debit my account as identified below:

Checking or Savings _____

Account # _____

Bank Routing # _____

Branch _____

Financial Institution _____

Branch Address _____

I understand that this authorization will be in effect until I notify the Chowan County Water Department that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it will involve an adjustment (credit or debit) to my account.

Name _____

Account # _____

Phone # _____

Date _____

Signature _____