

Cheniere Drew Water System, Inc.

DEBIT AUTHORIZATION FORM

I hereby authorize **CHENIERE DREW WATER SYSTEM, INC.** to initiate entries to my checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions posted in error. This authority will remain in effect until **CHENIERE DREW WATER SYSTEM, INC.** is notified by me in writing to cancel it in such time as to afford **CHENIERE DREW WATER SYSTEM, INC.** and The Financial Institution a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State, & Zip)

(Signature)

(Date)

(Name – PLEASE PRINT)

(Address – PLEASE PRINT)

Checking or Savings (check one)

Account

Number: _____

Financial
Institution

Routing Number _____

(Please attach a voided check from the above mentioned account)

Water Account # _____

Water Account Name _____

FOR OFFICE USE ONLY:

DATE PRENOTE ENTERED: _____

ENTERED BY: _____

DATE PRENOTE CHANGED: _____

ENTERED BY: _____

DIGITS: _____

BANK CODE: _____